

CHEMIST & DRUGGIST

The newsweekly for pharmacy

February 8, 1992

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HEA grant for new role in Liverpool

Scots needle and compensation schemes soon

Powys canvasses LPCs on changes for rural patients

Tips on trading in a recession

The trouble with travel sickness

Interpreting the Code of Ethics

RPR set up new UK division to market OTCs

More chains go to Unichem and to Lloyds



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Comment

Pharmacists will now have received new ethicals discount terms from their wholesalers (see p226) published in response to Glaxo's own discount terms for contractors (C&D, January 25). In **Letters** (p224) David Thomas talks of using "junior school arithmetic" to work out the financial implications. Considering the many variables a sophisticated computer would be the better tool, though the consensus is that contractors are the losers.

Graeme Millar, chairman of the Pharmaceutical General Council (Scotland), says that overall discounts now available cannot come up to present levels. The PGC is lobbying both the Government and the Scottish Health Department. Thos O'Rourke, secretary of the Pharmaceutical Contractors Committee in Northern Ireland, says the Glaxo scheme particularly discriminates against the smaller contractor, of whom there are a greater proportion in the Province. He expects the PCC will be writing a "blistering" letter of complaint to Glaxo. And Mr O'Rourke says he knows of contractors who regard as "blackmail" the new wholesale terms which seek to secure a minimum amount of Glaxo business through penalty clauses.

PSNC chairman David Sharpe has been disappointed in his hope that wholesalers would lower thresholds to reflect

their inability to give discounts on Glaxo products. Graeme Millar says PSNC was naive to expect this. However, the Unichem and AAH schemes in effect only penalise contractors who cannot match their Glaxo threshold. But the smaller contractors will fall foul both of this trap and the lower-end Glaxo discounts. PSNC estimates a shortfall in contractor discount of £10 million a year in England and Wales alone. So, who is profiting at the pharmacists' expense?

The British Association of Pharmaceutical Wholesalers says its members are not and that the Glaxo service charge of 5 per cent is not covering their costs and will need to be renegotiated. Glaxo say that they are not, and that they are returning to pharmacists the full amount available after deduction of the agent's service charge. The Government will be hoping that both are speaking the truth and that pharmacists are not losing out. If they are, the impending DoH discount inquiry which, for the first time, will match wholesale terms to NHS pharmacy turnover directly, could result in pharmacists getting paid more from April 1. PSNC will also seek to get the Government to offset dead stock against discounts to resolve a "long running sore".

Then the Government will only be able to make good its NHS loss by taxing the excess profits of Glaxo and wholesalers.

HEA grant for Liverpool anti-smoking project

The Health Education Authority has pledged £8,000 to support a smoking cessation project to be run through community pharmacies in Liverpool.

The grant follows a joint bid from the Local Pharmaceutical Committee and the Family Health Services Authority last year, and is the first tangible result of the dialogue between the two bodies.

The grant, which has to be utilised before April, is to be used for training and the purchase of equipment. A small element of remuneration for those involved will come from sums set aside by the LPC and FHSA.

Pharmacists in the area were canvassed to determine their interest in the project before the bid was put in, and about 14 pharmacies are expected to participate, according to John Donoghue, a member of the LPC/FHSA working party looking at new roles for community pharmacists.

Each will be equipped with a carbon monoxide monitor, a blood pressure monitor and a peak flow meter. The service will be advertised locally, and each customer offered the tests will be encouraged to come

back to the same pharmacy so that progress can be monitored. Mr Donoghue acknowledges the carbon monoxide test may have little physiological significance, but it does provide a good psychological incentive to give up smoking.

The LPC and the FHSA have agreed a joint auditing system to determine the effectiveness of the project, which will be administered by the FHSA. There will be a self-audit by the pharmacists involved, and those customers using the service will be asked to comment.

Mr Donoghue says this is the type of service pharmacists should be paid for. It is proposed that pharmacists will be remunerated on the basis of the number of returned customer questionnaires. The LPC has put forward £1,500 and the FHSA £3,500 to fund contractors.

"I believe that if we are to offer extended roles we need to show they are effective and appropriate. If

we are not prepared to dig into our own pockets to demonstrate commitment, then we are not going to get any further," says Mr Donoghue.

A logo for participating pharmacies is being developed and the scheme will be given an official launch as soon as those pharmacists taking part have received suitable training.

Jeremy Clitherow, secretary of Liverpool LPC and pharmacist member of the FHSA, told *C&D* that he was "absolutely over the moon" about news of the grant.

He has a vision of the future in which pharmacists hold smoking cessation clinics, among others, where members of the public will be offered counselling and advice on compliance.

These clinics could be held at times and venues to suit the patient rather than within the narrower confines of surgery hours.

Nurse prescribing costs to reach £15m?

Extra costs arising from the introduction of nurse prescribing — expected to begin in October 1993 and to amount to £15m a year in England — will be financed through the family health services budget.

This was announced by Virginia Bottomley, the Health Minister, in the Commons last week when the Private Members' Bill enabling the Government to introduce regulations to authorise nurse prescribing was given an unopposed second reading.

The Minister confirmed that pharmacists are represented on a specialist committee drawing up a nurse prescribers' formulary and which is scheduled to complete its work in the Summer.

Mrs Bottomley said: "We plan that the cost of nurses prescribing, specifically the net ingredient cost of the items that they prescribe and the pharmacists fees, will be met in the family health services budget." She explained that the forms used for nurse prescribing would be a different colour to those used by family doctors.

Mrs Bottomley assured the House that pharmacists were already able to distinguish between GPs and dentists prescriptions and that there would be no difficulty in identifying nurse prescriptions. She envisaged that the nurse prescribers' formulary would mostly contain medicines and appliances that patients could buy OTC.

Commenting on a suggestion by Hugo Summerson MP (Conservative) that pharmacists might operate a delivery service to help housebound patients, Mrs Bottomley reaffirmed that the Government was "already working on the wider role of community pharmacists."

Which? turns the spotlight on cold and 'flu products

"Don't waste money on cold and flu medicines; they may contain things which you probably don't need and would be better off without."

With that opening gambit, *Which?* magazine (February 1992) introduces an article reviewing products available for the relief of cold and flu symptoms.

The article, hot on the heels of the slamming pharmacists received in sister publication *Which? Way to Health*, also disagrees with moves by the Royal Pharmaceutical Society to restrict the sale of analgesics to pharmacies. "We think that there is little reason to restrict the sale in this way if consumers are well enough informed about taking a safe dose."

Specific ingredients commonly found in cold products also come under scrutiny including hot lemon drinks, antihistamines and expectorants.

On the subject of hot lemon drinks *Which?* says many are "simply glorified pain killers". It also does a cost comparison between Beecham's Hot Lemon and simple generic analgesics. The claim is that while the former works out at 28p per sachet, the analgesic can be as little as 1p a tablet.

On the subject of expectorants in cough medicines, the verdict is: "A waste of money. There's no convincing evidence that expectorants work." *Which?* recommends letting the cough run its course, keeping fluid intake high and or using a steam inhalation.

Responding to the Consumer's Association's article, SmithKline Beecham said they were

"disappointed" by the angle it had taken.

In addition to paracetamol, Beecham's Hot Lemon also contains ascorbic acid providing a helpful dose of vitamin C. The product also has convenience factors, the company said.

Commenting on the price comparison with generic analgesics, SB pointed out that products such as Beecham's Hot Lemon, which are being continually updated, require an investment in research and development above that required by simple generics.

This would be reflected in a price difference.

Malaria vaccine controversy

Claims by a Colombian chemist to have developed the first vaccine against malaria have sparked arguments and controversy.

The vaccine, subject of BBC2's *Horizon* programme (February 3), has been developed by Dr Manuel Patarroyo of the Institute of Immunology in Bogota.

To encourage the required response from the body's immune system, the vaccine contains harmless proteins from one stage of the parasite's life cycle. More than 20,000 people throughout South America have received the vaccine which, Dr Patarroyo claims, can protect up to 65 per cent of people from serious infection.

However, some scientists have questioned the choice of peptides in the vaccines and have voiced doubt over the controllability of the

manufacturing process.

Dr Patarroyo's lack of published clinical results is said to be another problem.

In 1990 the World Health Organisation recommended that the vaccine be tested in countries with a higher incidence of malaria but the Medical Research Council have postponed plans to test in the Gambia because they are unhappy about the vaccines data. The National Institute of Medical Research in Tanzania is considering whether to launch a trial in children.

The situation, like those recently encountered with AIDS drugs, raises the question as to whether clinical standards should be relaxed in the hope of finding a breakthrough in treatment, said the programme.

Defeat depression campaign

A five year campaign to defeat depression was launched jointly by the Royal Colleges of Psychiatry General Practitioners in London on January 30.

The campaign is designed to help health care professionals recognise and treat depressive illness, and to raise public awareness of the extent and treatability of the disorder. At any time, 5 per cent of the population is suffering from depression; most of the 4,000 people who commit suicide each year suffer from depression.

One of the central objectives of the campaign is to eliminate the stigma attached to the condition. By emphasising that the illness can strike individuals of all ages, from all social groups, the organisers hope to destroy the misconception that the depression sufferer is someone who is weak or lacking in moral fibre.

The campaign hopes to encourage sufferers to seek professional help and support, and organisers intend to produce special information packs for primary health care professionals. The possibility of a specially tailored training package for pharmacists is being considered.



Powys LPC circulates case for action on rural dispensing

Continuing its bid to change the regulations governing doctors dispensing for their rural patients, Powys Local Pharmaceutical Committee has written to other LPCs affected by the issue.

Powys LPC's "Case for action on dispensing doctors" has been

prepared in the light of the current situation facing pharmacists in Brecon (C&D last week, p162).

In the letter to other LPCs, Powys LPC secretary Mrs Konwerska says: "It would be the height of short-sightedness for the pharmaceutical profession, and in particular for the Pharmaceutical Services Negotiating Committee as our negotiators, to continue to view this problem as a marginal one affecting only rural pharmacies."

Referring to recent support for pharmacist dispensing from Government ministers, the letter continues: "If PSNC cannot translate this support... into a

successful challenge and re-negotiation of the current NHS regulations, it is incumbent upon them to explain why in some detail, rather than put forward general pleas of difficulty and cost."

Once a commitment to re-negotiation is achieved in principle, says the LPC, family health services authorities should be allowed to defer decisions if this is in patients' best interests.

Powys are urging local pharmaceutical committees to support motions calling for a change in the regulations at the LPC conference on Monday, February 9.

PSNI COUNCIL

Study days planned for N. Ireland prereg students

Preregistration students in Northern Ireland are to be invited to attend a two day management course on April 2-3. Notification is to be sent out giving the agenda in the near future, according to proposals from the Education Committee put to the January Council meeting of the Pharmaceutical Society of Northern Ireland.

The Education Committee is also hoping to hold a Pharmacy Day on either Sunday May 10 or 17. This would be a one-day seminar and the date to be fixed as soon as the subject matter is confirmed. A tutors course is to be arranged for later in the year.

The president, vice-president and secretary will represent the Society on February 20-21 at the Queen's University of Belfast when the pharmacy degree is to be assessed by the Society for

registration purposes.

Mr McMullan reported on a meeting that he and Dr Maguire had attended in Belfast, when a group working with young people had invited someone to talk to them on drugs.

It was very worthwhile as quite a number of young people there were actually using drugs or were in an atmosphere where drugs were available, felt Mr McMullan. He encouraged other members of Council to participate in this kind of meeting if encouraged to do so.

Two proposed amendments to the Medicines Order (SI 1983 no 1212) were passed to the Ethical and Law Committee for consideration.

Future Council meetings will take place on February 18, March 19 and April 14.

• Two new PSNI Fellows — see p230.

Minorities code

A Code of Practice on primary healthcare for ethnic minority communities has been drawn up by the Commission for Racial Equality. The management side of the General Whitley Council is currently considering an agreement on sexual and racial harassment, enabling health bodies to take action where such cases occur.

BPC numbers

The British Pharmacopoeia Commission Secretariat has new telephone (071-273 3000) and fax (071-273 0566) numbers. The Pharmacopoeia Laboratory's numbers are unchanged.

Applications up

Figures released by the Universities Central Council on Admissions show a 13.5 per cent increase in applications for pharmacy in the October 1992 intake compared to this time last year. Overall, women still outnumber men, accounting for 51.9 per cent of all intake. The number of applications for places on pharmacy courses rose by 0.6 per cent on the previous year to 8,469, while those for medicine rose by 7.2 per cent.

Swindon exchange

Five Wiltshire pharmacies are taking part in a needle exchange scheme in conjunction with the Swindon-based drug advisory centre, Druglink. The pharmacies — three in Swindon and two in Marlborough — will be providing free injecting equipment to drug users. GPs, probation officers and youth workers will be involved in informing drug users about the scheme.

Rainforest project

A new environmental initiative aimed at the pharmaceutical industry and intended to conserve rainforests by developing a new range of sustainable forest products, has been launched by David Bellamy Associates. A project pack for investors is available from Neil Judd, DBA, Mountjoy Research Centre, Durham DH1 3UR. Tel: 091 3864429.

Green guide

A new guide to codes of practice governing environmental claims in advertising has been produced by the Incorporated Society of British Advertisers. The code ensures that where environmental claims cannot be checked by consumers, expert advice must support the claims made. The guide is available from ISBA, 44 Hertford Street, London W1Y 8AE.

Solvent campaign

The £1.4 million campaign to reduce solvent abuse has been launched by the Government. The campaign of four advertisements is aimed at parents and is intended to shock. A further £600,000 Press campaign dealing with drug misuse in general will begin next month. Both campaigns will be backed by booklets available from pharmacies, GP surgeries and libraries.

Devon — pharmacy fares well

The number of complaints about health professionals in Devon rose during 1991 but those relating to pharmacy contractors, low in the previous year, fell still further.

During 1991, only three complaints were received about the county's 205 pharmacy contractors. This compared very favourably with the 151 complaints about Devon's 609 GPs, 110 about the 370 dentists and six about the 164 ophthalmic contractors.

Together with two brought forward from 1990, four of the pharmacy complaints concerned incorrect dispensing, and one an inaccurate pregnancy test.

The majority of complaints against GPs were interpersonal communication problems between doctor and patients, followed by failure of the doctor to visit at home or to refer the patient. Over half the dental complaints related to standards of treatment with nearly a fifth relating to dental charges.

Although the total number of complaints dealt with by Devon Family Health Services Authority rose from 258 in 1990 to 270 in 1992, the number of practitioners in breach of their contracts fell from nine to seven.

PGC ties up compensation and syringe schemes

The Pharmaceutical General Council expects to have a nationally remunerated needle and syringe exchange scheme in place in Scotland before the end of March.

Agreement has also been reached with the Scottish Home and Health Department for a discretionary compensation scheme to allow pharmacists "tied in" to their business to surrender their contract. This will commence on April 1 for a year's trial period, but

is only likely to affect a handful of contractors.

The needle and syringe exchange scheme will involve about 100 pharmacists in Scotland, identified jointly by the AIDS co-ordinator and the chief area pharmaceutical officer in each health board area. It will include those contractors involved in existing schemes.

The scheme should be in place by the end of the financial year, and

is currently awaiting parliamentary amendment of the General Medical and Pharmaceutical Regulations. This is expected imminently.

A sum of £130,000 is available to fund the scheme for a year, split £65,000 for remuneration and the rest on education and services. PGC chairman Graeme Millar says he is expecting a better than *pro rata* payment for the remaining months of this financial year.

The compensation scheme is being funded with new money and will be open to any pharmacist in contract before the start of the new contract and who does not run an essential pharmacy. Money will be paid out based on the number of prescriptions dispensed (average over the last two years), at the rate of £1.85 per script up to a maximum of £30,000. There is a maximum of £200,000 in the fund.

Applications will be considered not only by the SHHD and the health board, but also the PGC, which Mr Millar describes as a "new and encouraging initiative". He is hoping the Government can be convinced of the benefits of the scheme and extend it beyond 1992-93.

Collection scheme dropped

Doctors at the centre of a possible "direction of prescriptions" claim have suspended their system of sending prescriptions direct to the pharmacy.

A spokeswoman at Peterborough's Bretton Health Centre told C&D that the scheme was suspended last week because it had become too much of a problem. Prescriptions were being lost and patients were not sure whether to collect their prescriptions from the pharmacy or the surgery, she said.

The surgery caused concern among local pharmacists before Christmas when repeat prescriptions were accompanied by a notice advising that they could be sent direct to Boots (C&D November 16, p826).

The computer printed message was later changed to "If you want us to send prescription to chemist please tick here".

However, a recent slip sent to C&D by an "affected pharmacist" now reads: "We regret that we have been forced to abandon the system of sending prescriptions to the pharmacy direct. It was causing confusion and delay for both staff and patients."



Boots' recycling scheme for greetings cards, launched earlier last month in 150 stores, is proving an enormous success — so far 4,000 sacks-full of cards have been collected. Proceeds from their sale will be used to support tree planting in special community forests. Huddersfield store manager Paul Grant and assistant Christine Rayner, are shown above; the branch has collected 86 sacks so far!

Hearing postponed for medical report

An elderly pharmacist who needs affection and a wife, kept out of date drugs in his pharmacy and left the shop open without a pharmacist for long periods of time, the Statutory Committee was told on January 22.

Geoffrey James Shorter, owner of The Spar Pharmacy, Market Place, Buxton, was regularly found not to be in his shop for long periods. He was also accused of keeping a quantity of old and out of date medicines and failing to provide a refrigerator for thermolabile stock. Mr Shorter also labelled his medicines by hand and was failing to correctly store Controlled Drugs.

"The allegation is that Mr Shorter is guilty of misconduct and that he is not fit to run a pharmacy," said Josselyn Hill, solicitor for the Statutory Committee.

David Young, inspector for the Society, visited the shop on November 8, 1990 but found only the assistant present. She told him Mr Shorter had recently been in hospital and she had been forced to take responsibility for the running of the shop.

Mr Young visited the shop again on April 16, 1991 and noticed that all dispensed medicines awaiting collection had hand written labels.

More recently on January 7 this year, a further visit showed the shop was open again with no pharmacist present and again there were out of date drugs on the shelves.

John Hanson, solicitor for Mr Shorter said his client was a very private person but due to a traumatic divorce he had suffered greatly. "Mr Shorter's health is something that gives concern. He suffered from a lack of affection. He needs a wife. These are factors which influence his behaviour."

Finding a case of misconduct proved, chairman Gary Flather QC decided to postpone a decision in the case for two months, allowing Mr Shorter to use his best endeavours to ensure that the premises, while open, shall be under the personal control of himself or another pharmacist.

At the postponed hearing Mr Shorter will provide a medical report, dealing with his ability to practise as a pharmacist.

Astill to lead GP workshop on the extended role

National Pharmaceutical Association director Tim Astill has been invited to lead a workshop session at a Royal College of General Practitioners' study day in April.

The session on the "Extended role for community pharmacy", will look at the acceptability to patients, doctors and community pharmacists of a more pro-active role in healthcare by pharmacists.

Pharmacy stand at nursing congress The NPA, the Royal Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee are to man a "pharmacy" stand at the annual congress of the Royal College of Nursing in Blackpool this April.

The display will emphasise the pharmacist's role and highlight the services and advice available to nurses from community pharmacists.

National baby milk scheme The Board heard that the Department of Health is considering implementing a national scheme for the supply of free baby milk through pharmacies to mothers on income support or family credit. Local schemes are operating well in several areas.

Nifedipine confusion If a prescriptions is written for nifedipine s/r 20mg, the prescriber generally intends the patient to receive Adalat Retard, which is not

a sustained release preparation. The Board decided that although generic prescriptions should be met with Coracten or Nifensar, pharmacists should contact the prescriber to clarify the position is unsure.

New leaflets The Board approved the production of a leaflet for members describing the services a community pharmacy can offer nursing, residential and other care homes. And a series of six leaflets for patients instructing them how to use their medication is available for members to buy.

NPA ad campaign succeeding The latest advertising campaign is achieving its twin objectives and will continue, the Board decided.

The most successful advertisement is that showing a mother cradling her baby. To increase the impact, the campaign will run only in women's and mother and baby magazines. The first burst is from March to June and the second from September to December.

Medicines to hospices The Board felt that pharmacists should be aware of the current arrangements for the supply of medicines to hospices, whether they are involved in hospice supply or not. This may affect other supplies and services provided via contractual arrangements with FHSAs.

Regulating 'vet' sales

Updated Regulations controlling the sale of veterinary medicines and medicated feeding stuffs came into force on January 30.

The Medicines (Veterinary Drugs Pharmacy and Merchants List) Order 1992 (SI 1992 No 33; HMSO, £5.40) continues to allow the sale of certain non-GSL veterinary medicines through pharmacies and other authorised merchants. It revokes a synonymous Order made in 1989, as amended.

The period of time that records of sales of veterinary drugs or intermediate feed must be kept has been extended from two to three years in line with Directive 90/167/EEC. The fees for registration, retention and restoration in the register of category 1 agricultural merchants have been increased to £198, £124 and £174 respectively and, for saddlers, to £99, £62 and £87. Similar fees for category 2 merchants have been decreased to £115, £72 and £101.

The Medicines (Medicated Animal Feeding Stuff) Regulations 1992 (SI No 1992 No 32; HMSO £3.10) replace synonymous Regulations made in 1989, as amended, and bring into effect certain requirements of Directive 90/167/EEC.

Syringe wins

A safety syringe which overcomes the threat of AIDS infection through needle injuries has won the healthcare and medical category of the 1991 Honeywell/Sunday Times British Innovation Awards.

Safety Syringe, designed by Dr Marius van der Merwe of Colchester Hospital, looks like an ordinary syringe but has an additional barrel to hold the needle when the syringe is not in use.

Treating incontinence

Many patients with urge incontinence may not be receiving alternative treatment since the withdrawal of Micturin last September, according to the British Association of Continence Care.

Latest figures from Taylor Nelson reveal that prescriptions for drugs to treat urge incontinence have dropped from 84,000 to 44,000 over the last six months. And local research by the BACC has suggested no increase in referral by GPs to continence clinics.

Dr Jacqueline Jolleys of the BACC says: "Pharmacists are in an ideal position to help these patients and can advise them to consult their GP or continence advisor, or suggest containment methods such as pads, pants and sheaths."

Protecting the citizens' rights in healthcare

The Citizens' Charter has been relaunched by a consumer-conscious Government, offering some recourse to the long-suffering customer when faced with the inefficiencies of public services. In this latest attempt to exact accountability from big brother all primary health services will be accountable to their Family Health Services Authority. However, community pharmacy has always operated in an environment where the patient's wishes are paramount. The prescription form is the patient's to take where he wishes and, if he dislikes my service, then he goes elsewhere!

That is as it should be, and the exercising of this right of choice has resulted in an extremely efficient, client-conscious profession, but the patient would be the loser if this freedom were curtailed. It is already being attacked by the monopoly aspirations of dispensing doctors, a battle which will be joined volubly at the LPC Conference with a motion by Powys LPC to abolish the prejudice criteria in rural contract applications. However, we should look to our

own house as well with the increasing tendency to "capture" patients by the issuing of patient medication registration cards.

The knowledge of a patient's medication profile is essential for the community pharmacist to properly fulfil his professional role, but the patient must still be allowed the freedom to use whichever pharmacy they prefer. Registration cards surreptitiously undermine this principle, and will eventually distort the even distribution of pharmacies. The answer must lie in a patient-held medication record that can be presented to all practitioners when seeking service.

The smart card seemed such a good idea when it was trialled in Exeter, but I am still waiting for it to be universally introduced.

Thanks to Kerfoot

Latest in a long line of industry helps to the harassed pharmacist is the prescription organiser kindly donated by Thos Kerfoot. It is superbly designed to eliminate those untidy piles of scripts which would otherwise be blown periodically all over the dispensary floor. Now, in very little space, as each script is finished, handed out and endorsed, it can be easily filed into one of four Perspex compartments to await counting and alphabetical filing at the end of the day. A simple little gadget that, with thanks, has made my life so much more organised, but one tiny criticism...the compartments are 2mm narrower than the width of a prescription!

Containing the Drug Tariff?

The "special container" criteria in the Drug Tariff has brought sense to chaos by paying pharmacists to dispense original packs against designated products regardless of the quantity prescribed. Most of these are external preparations where to break bulk would be professionally inelegant, but there are still some preparations which are not accepted.

Particular examples are mouth rinses such as Difflam, Corsodyl and Oraldene, and bulking agents

such as Normacol, Isogel and Metamucil, where the pack is obviously designed for original supply to the patient. At the moment I often suffer financial loss by dispensing the larger original pack, and also technically breach my contract, but to do otherwise is professionally unacceptable — and as far as the patient is concerned, just plain daft! By its very existence clause 10.b accepts the principle of "special containers" but it needs redefining in order to match that principle to pharmaceutical reality.

LPC too resourceful?

What is Stafford Local Pharmaceutical Committee playing at by providing its Family Health Services Authority with the resources to fund a pharmaceutical advisor? (C&D February 1, p160). Leaving aside the invidious position in which that advisor will inevitably find himself, the LPC has no right to interfere in what is principally a political decision in the application of cash-limited resources by its FHSA. Pharmaceutical advisors should be priority members of the FHSA staff, and not to appoint is contrary to departmental guidelines. The LPC should stop playing the good Samaritan and concentrate on making the FHSA face up to its stated responsibilities. And if they still refuse, then make loud noises at regional level until that pharmaceutical advisor is appointed.

All, however, is not gloom down Staffordshire way because, having made fools of themselves over the pharmaceutical advisor, the LPC has come up trumps with its scheme for complementary experience by trainee pharmacists and doctors in each other's practice. This is a suggestion that deserves to be enthusiastically supported by both the FHSA and local medical committee, and must produce long-term benefits for both professions. Mutual isolation inevitably leads to inter-professional friction, but mutual understanding at trainee level will establish a solid foundation for future constructive co-operation. The scheme is ideally suited to organisation at a local level.



Topical REFLECTIONS

Scriptspecials



Flixonase repack

To coincide with the launch of Allen & Hanburys' Flixonase to GPs (*Script Specials*, January 25), the colour of the packaging has been changed to green. Prior to this, the spray had a pink cap and box.

To ensure patients know that although the packaging has changed the contents remain

identical, A&H are providing pharmacists with a pad of tear-off sheets to give out with repeat prescriptions. The colour change has been made to emphasise that the spray is ozone friendly and contains no CFCs. **Allen & Hanburys Ltd. Tel: 081-990 9888.**

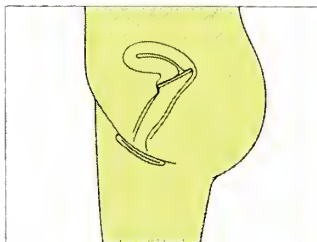
Medical Matters

Female condom goes on sale

The female condom Femidom has just gone on sale in Switzerland and will be made available across Europe over the next year, with a UK launch in late Summer.

Meanwhile, in the USA, where it is known as Reality, it has been recommended for approval by a subcommittee of the Food and Drug Administration, subject to a contraceptive efficacy study. This is due to be completed on May 1.

Femidom is made by the British company Chartex International. It is a soft, pliable polyurethane sheath which lines the vagina.



It has an inner ring which is used for insertion and an outer ring which lies flat against the labia. It is pre-lubricated and odourless, the company says.

Breast milk and IQ

The IQ of children who were breast fed as babies has been found to be significantly higher than those who were not.

In a study of 300 children, who were all born pre-term researchers at the MRC Dunn Nutrition Unit and Cambridge University found that those who had consumed mothers' milk in the early weeks of life had a significantly higher IQ at 7.5-8 years than those who received no maternal milk.

The advantage remained even after adjustment for differences in mothers' education and social class, and the benefits were associated

with being fed breast milk by tube rather than breast-feeding.

Reporting the study in *The Lancet* last week, Dr A. Lucas and his colleagues suggest that human milk may contain various factors affecting nervous system development. Long-chain lipids, not present in formulas, are important for structural development and human milk also contains numerous hormones and trophic factors that might influence brain growth. More work is needed to determine whether the advantage in intelligence is due to these factors or to parenting or genetic factors.

Havrix hepatitis A vaccine

Travellers from the UK to developing nations will soon be able to protect themselves against hepatitis A with a new vaccine developed by Smithkline Beecham.

Havrix, the world's first hepatitis A vaccine, is registered in Belgium and Switzerland; registration and availability for routine use in the prevention of hepatitis A in most other European countries is expected over the next months.

Havrix has been studied in more than 50 clinical trials involving 25,000 volunteers and

demonstrated to be well tolerated and effective, say SB. Results show that levels of hepatitis A antibody following completion of the vaccination course are about 100 times higher than the antibody levels immunoglobulins can provide. Side-effects are generally limited to a slight soreness and reddening at the site of the injection. The initial course of two injections grants immunity for a year. A booster dose is expected to provide immunity for up to ten years.

Femodene booklet

Femodene has been repackaged to include a patient advice booklet and plastic. Schering say that the booklet, the first of its kind, was initiated because oral contraception is misunderstood by many women. It explains how the pill works and what to do if a pill is forgotten.

The company's research on over 500 women revealed that over half did not know that having a stomach upset, vomiting or taking antibiotics can make the pill less effective.

Some 9 per cent of respondents claimed they forgot to take a tablet at least once a week, while a further 17 per cent forgot at least once each month. When a tablet was late by more than 12 hours, only 24 per cent used additional precautions.

Similar findings reported in the *British Journal of Family Planning* also reveal only 2 per cent of combined pill users remembered the correct advice for missed pills one year after being told, and handing out separate patient leaflets only increased this to 20 per cent. **Schering Health Care Ltd. Tel 0444 232323.**

Nizoral reformulated

Janssen have introduced a new formulation of Nizoral shampoo, which is unperfumed and less viscous.

The company believes the product is more dermatologically acceptable than before, and that its less viscous nature will allow it to be applied more easily. Stocks of the new formulation are expected to be on shelf by the end of March. **Janssen Pharmaceuticals Ltd. Tel: 0235 772966.**

Cox addition

Phenytoin capsules 100mg (500 £10.15 trade) have been added to the Cox list. **Cox Pharmaceuticals. Tel: 0271 75001.**

Lariam in eights

Roche are replacing the six-tablet pack of Lariam with a pack containing eight tablets (£1.53 trade), in accordance with new dosage recommendations. The new pack will be available from mid-February. **Roche Products Ltd. Tel: 0707 328128.**

Pack change

Lederle have changed the packaging of Lederfen F tablets 450mg. No change has been made to the tablets and the ingredients remain the same. **Lederle Laboratories. Tel: 0329 224000.**

Cardura indications

The indications for Cardura have been extended to include its use in hypertensive patients with co-existing diabetes mellitus. Cardura has been shown to be free of adverse metabolic effects. Further information is available from Invicta representatives or the company's medical information department. **Invicta Pharmaceuticals. Tel: 0304 616161.**

Aerobec 100mcg

The Aerobec range has been extended to include a 100mcg dosage. (200 inhalations £13.50 trade). The range now offers the complete spectrum of inhaled steroid doses delivered by the Autohaler device. **3M Health Care Ltd. Tel: 0509 611611.**

Cediland going

Sandoz will be discontinuing Cediland on April 30. They suggest that patients be transferred to alternative cardiac glycoside preparations at the earliest opportunity. Sandoz will assist with patients for whom therapy conversion proves especially difficult. **Sandoz Pharmaceuticals. Tel: 0276 692255.**

Sigma addition

Mebeverine hydrochloride tablets 135mg are the latest addition to the Sigma generics range. Manufactured by Generics (UK), the tablets are blister-packed in 100s. Special offers are available through **Sigma Pharmaceuticals Plc. Tel: 0923 50201.**

DeVilbiss for Vitalograph

DeVilbiss have been appointed as exclusive distributors for the Vitalograph Pulmo-Aide peak flow meter over the next year. It will be available to pharmacies through local wholesalers. **DeVilbiss Health Care Ltd. Tel: 081-756 1133.**



They're so advanced. They help sore throats, and profits soar.

Merrell throat lozenges are different. Take Merocaine. Firstly, it is highly *effective*. It contains cetylpyridinium chloride, considered by expert opinion to be an outstanding antibacterial active ingredient to put in a lozenge.

Secondly, it contains benzocaine. An effective local anaesthetic to ease the pain. Thirdly, it is *gentle*. It soothes rather than irritates. It has an inherently useful coating action.

Finally, it produces an exceptional profit margin for you. In fact there is no higher absolute cash return than from Merocaine.

Not surprisingly, Merocaine is Britain's best selling sore throat lozenge in pharmacies.

There are two other effective and popular Merrell throat lozenge products: *Merocets*, without anaesthetic, and *Merothol*, with menthol and eucalyptus. These are *only* distributed through pharmacies. Display them all. You can recommend them with confidence.

Merrell  Medicines

24 THROAT
LOZENGES



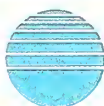
ANAESTHETIC
ANTIBACTERIAL

Merocaine®

Merrell Dow®

Rapid Pain Relief for Severe Sore Throats

24 THROAT
LOZENGES



ANTIBACTERIAL

Merocets®

Merrell Dow®

Soothing Lozenges for Sore Throats

24 LOZENGES
ANTIBACTERIAL



WITH MENTHOL
& EUCALYPTUS

Merothol

Merrell Dow®

Clear Relief. Fast and Effective.

Trademarks Merrell, Dow, Merocaine, Merothol, Merocets

Counterpoints

C&G brand Nutrilon milks for Europe



Cow & Gate are introducing the brand name Nutrilon to their baby milks and claim to be the first UK manufacturer to offer a single baby milk brand across Europe.

Premium, Plus and Formula S are changing to Cow & Gate Nutrilon Premium, Nutrilon Plus and Nutrilon Soya. All formulations remain unchanged.

A two year research programme has resulted in packaging which is designed to have more impact on-shelf and is in three distinct colours — green, blue and orange — to ease product identification. The mother and baby illustrations have been replaced by pictures of bottles, teddies and flowers in anticipation of an EC Directive which will prohibit mother and baby pictures and other images which could idealise bottle feeding. The new packaging is being sold in from March.

Cow & Gate have put together a £750,000 information package for consumers and healthcare professionals. Underlid leaflets will appear with both the existing and new tins, advising consumers of the pack changes, and leaflets with Nutrilon Premium and Plus offer a "Baby on board" car sticker. Inserts will accompany all literature issued by the company's babyfeeding information service and consumers will also be informed through the Bounty pregnancy and baby care guides.

Pharmacies will receive question and answer leaflets to hand out. Other POS

includes shelf talkers and an open/closed display sign. Midwives, health visitors and paediatricians will be informed through their journals and by direct mail.

Nutrilon Soya is ACBS prescribable, as was Formula S, and both product names will be

acceptable on the Drug Tariff for up to one year. Order codes and outer sizes will both remain unchanged. Supplies of hospital ready-to-feed soya formula will be repackaged and renamed Nutrilon Soya. **Cow & Gate Ltd. Tel: 0225 768381.**

Sanofi OTCs to Napp

Napp have acquired six brands formerly marketed by Sanofi UK's International Laboratories Division (see **Business News**).

The brands are: J Collis Browne's mixture and tablets, Derbac range, Suleo range, Wasp-eze spray, Burn-eze spray, and

Crampex tablets.

These are now being marketed and distributed by Napp Consumer Products Division. Independent direct account customers are now being serviced by their salesforce. **Napp Consumer Products Division. Tel: 0223 424444.**

Haliborange leaflet

Reckitt & Colman are making a new consumer leaflet for Haliborange available to pharmacists.

The A6 "bright, fun and colourful" leaflet represents the brand's core values. It explains in simple terms the function and importance of each vitamin and gives details of the range.

The company's salesforce will distribute the leaflets to most pharmacies during March and April.

Also available is a Haliborange branded dispenser for displaying the leaflets on the counter. **Reckitt & Colman Products. Tel: 0482 26151.**

Gillette increase ad spend for '92

Gillette have announced an £8.9 million campaign to support their Sensor range.

Some 27 weeks of television advertising are planned during the year, continuing the "Best a man

can get" theme. This will be followed by a new Sensor advertisement, which breaks in April, and a Press campaign to coincide with the Olympics. **Gillette UK. Tel: 081-560 1234.**

Mam get into the rhythm with Medela

A new mains/battery operated mini breast pump is to be distributed in this country by Mam (UK) Ltd.

The Swiss-designed automatic Medela Mini-electric breast pump has a physiologically natural sucking action that mimics a baby's nursing cycle, say Mam. A sucking phase is followed by a release phase, then a relaxation phase.

This rhythmic cycle stimulates milk production in the breast and also allows the breastmilk to be expressed gently and effectively, say Mam.

For extra comfort, the nursing mother can adjust the vacuum, within safe limits, to match her own personal comfort level.

The pump is hygienic in

use, the company says. A filter prevents milk being taken into the suction unit, while the universal thread on the pump will accept most brands of feeding bottles, removing the need for the milk to be transferred from one container to another.

The Mini-electric may be used with batteries (not included) or can be mains operated via the three pin transformer supplied. All parts are manufactured from medical grade materials and, with the exception of the motor unit and filter, can be sterilised by the cold, boiling and steam methods. The unit is also dishwasher-safe.

Priced £39.95, the unit is available from major wholesalers. **Mam (UK) Ltd. Tel: 021-459 4304.**



Milupa back on air

Milupa are back on television with a £2 million campaign which runs for eight weeks from February 10.

The advertisement, which majors on "carefully balanced" meals, will feature on national daytime television.

This month and next, Milupa are running a consumer "multibuy" offer through independent pharmacies. Consumers can receive one economy pack of infant foods free when they buy two standard packs of Milupa infant foods and one 200g tub of herbal drinks. The free stock is being delivered to pharmacies in advance, together with POS material. **Milupa Ltd. Tel: 081-573 9966.**

Sanatogen gets Olympic TV campaign

Fisons are supporting their Sanatogen range with a specific Olympic television campaign, which starts this month. The new commercial is part of a £1.5 million spring campaign.

Sanatogen cod liver oil will also receive television support. A new advertisement will run over the next two months in the Granada, Yorkshire and HTV areas. Free point of sale material is available from Fisons representatives. **Fisons Consumer Health. Tel: 0509 611001.**

THE NO. 1 MOUTHRINSE



Colgate Actibrush became brand leader in just 8 weeks and now we're pouring a further £4½ million into TV support to ensure its continued leadership.

Its success stems from its unique formulation which is clinically proven to fight plaque. And since the launch, it has generated huge growth across the whole mouthrinse market of +32%.

Support for Colgate Actibrush is just part of our massive commitment to Oral Care. We will be spending £17 million on TV advertising on the Colgate range.

All of which means that Colgate Actibrush, the longer-lasting mouthrinse, will **still be working for you.**



YOU'RE SELLING THE NO.1 MOUTHRINSE

Colgate

Irene Stein improves royal jelly range

Hillpage Ltd are introducing two royal jelly products, Irene Stein's New Age capsules and Aureina liquid.

An improvement on the existing Irene Stein royal jelly, the products contain fresh royal jelly blended with Korean ginseng, almond essence, trace echinacea distillate and selected herbal extracts. The royal jelly has not been freeze dried, which the company believes is a significant improvement to its performance.

A boxed tube of 30 capsules (recommended dose one daily) will retail at £13.45 and a box containing 15 phials at £19.95.

The range will be launched in Harrods this month, after which it will go on nationwide distribution. It will be supported by advertising in magazines and national newspapers with PR activities throughout the year. Point of sale material is available. **Hillpage Ltd.** Tel: 081-364 9999.



Soft touch offer on Andrex

Scott are running a cash back offer on Andrex, where consumers can claim up to £2.

Called "Soft Touch...Hard Cash", the promotion will run throughout February and March. Tokens will be

available on Andrex nine roll, four roll and two roll packs. It will be supported by a £250,000 Press advertising campaign and a television campaign for the brand will run throughout the period. **Scott Ltd.** Tel: 0342 327191.

Relaunch and new ranges for Shirley Price

Shirley Price Aromatherapy have relaunched their range of products, replacing the Essentia brand name with Shirley Price on all products.

In addition all products will carry a full ingredient listing. The range has been divided into two categories — one for pharmacy and health food outlets, another for salons, clinics and aromatherapists.

Two new ranges have been developed. The

Aromatic Body Oils collection consists of eight new aromatic oils blended with a carrier oil. Also new is the Facial Treats range. This comprises Facial Treat for dry skin (30ml £2.95), Facial Treat for oily skin (30ml £2.25), Facial Treat for normal skin (30ml £2.25), Facial Treat for visible veins (30ml £2.95) and Facial Treat Rejuvenator (30ml £2.25). **Shirley Price Aromatherapy Ltd.** Tel: 0455 615466.

Yardley revamp floral favourites

Yardley are relaunching four of their best selling fragrances in new packaging.

Lily of the Valley, April Violets, Roses and Freesia bath and body products will be packed in subtle floral design cartons. The talc, foam bath and spray cologne are presented in a new design pack.

The range includes soap trio (£5.55), spray cologne (30ml £5.50), foam bath (200ml £3.95), talc (100g £3.25) and body spray (100ml £2.75).

For the launch period Yardley have produced trial packs containing miniature foam bath, talc and soap (£1.99). **Yardley of London Ltd.** Tel: 0268 522711.

The Biggest Name in Medicated Lipcare

Wintry weather means customers with lip problems. Regular use of Blisteze, with its unique emollient formula will protect, condition and moisturise to keep lips supple and healthy. And when cold sores strike, brand leading* Blisteze will relieve the pain, fight infection and promote rapid healing.

**FOR COLD SORES,
DRY LIPS, SORE LIPS,
CHAPPED LIPS**

*Independent market research showed Blisteze to be the most used treatment for cold sores

Bli

Elancyl massage system tones up

The Elancyl massage system has been relaunched, making it easier to use than the original method, say Pierre Fabre.

The new compact glove has a perforated rubber surface with flexible, rounded points to provide a kneading and suction massage. It comes provided with compact mousse soap for toning skin.

A new addition to the system is compact cream-gel, to be used after massage, containing vitamin E, ivy extract, butcher's broom and mateine, which helps to counteract the effects of cellulite, says the company.

The new Elancyl Compact Massage System, comprising massage glove, soap and cream-gel, retails at £20.95. Use is recommended after a bath or shower using circular movements. The glove should be thoroughly wetted first. **Pierre Fabre Ltd.**



Scholl add new footwear styles

Scholl have added four new styles to their footwear range, aiming to create a younger, more fashion conscious image.

Flexercise (£22.99, size 3-8) is a sporty sandal with a two-tone colour scheme and a quilted upper. It has a wooden insole, incorporating a flexible rubber insert.

Soft Step Cross Over (£28.99, size 3-8) sandals have an air bubble base which acts as a shock absorber. They have a low

heel and adjustable strap, and come in either black or white.

Soft Step with Memory Cushion (£28.99, size 3-8) is said to mould to the foot's shape during wear and return to its original shape when not in use. Two colours, blackberry and redcurrant, are available.

New for men is the Waterproof Massage sandal (£12.99). It comes in navy only. **Scholl Consumer Products Ltd. Tel: 0582 482929.**

Natural Extracts gets sweet additioning

Farrow & Humphreys have added new products to their Natural Extracts range.

Elderflower and primrose enriched hand cream (£4.55) is said to protect and nourish nails as well as soften hands. It also contains jojoba oil, grape seed oil and allantoin. There are two new variants of the

soap — chamomile and clover, and elderflower and primrose (£1.80; three for £5.40).

The company has added a collection of scented sachets (£1.80), draw lining paper (six sheets £5.95) and a wardrobe refresher (£3.50). **Farrow & Humphreys. Tel: 0225 777808.**

stez
REFAM

Jordan brushes with Disney flavour

Jordan are going for a share of the £15 million children's toothbrush market with the launch of their own range for kids.

"Innovative and humorous" is how they describe the Jordan Disney range which comprises baby toothbrush (£1.12) and junior "V" Tuft toothbrush (£1.25).

The baby brush, recommended for infants of one to four years, emphasises comfort without sacrificing cleaning efficiency, say Jordan. The extra soft, short tufts have a filament diameter of 0.1mm and the head measures only 20mm by 7mm. The handle is extra long to give a steady grip for parents cleaning their infant's teeth.

The junior version is suitable for children aged five to eight years. The length of the head is 26mm, and the shorter handle can be manoeuvred by a child but is long enough for



parental guidance if required. The brush head features the Jordan 'V' Tuft designed to clean in between the teeth as well as the surfaces.

Both brushes are presented in a blister pack featuring a Disney character. A set of transfers with seven different images comes in each pack; the Disney

character of choice can be rubbed onto the handle of the toothbrush, as well as the tooth mug, satchel, etc.

The launch is being supported with a £200,000 package including a PR campaign, trial programme and point of sale material.

Distributors: Food Brokers. Tel: 0705 219900.

Bausch & Lomb add gel to improve Interplak system

Bausch & Lomb are launching a dental gel which they say contains a blend of ingredients to maximise the proven clinical benefits and extend the life of their Interplak home plaque removal system.

Interplak dental gel (100ml £3.49) contains fluoroide and has a fresh minty taste.

It is recommended over regular toothpaste because its combination of ingredients act as a lubricant for the plaque remover, which allows the rack and gear system to run better and last longer, say Bausch & Lomb.

In their performance tests, Interplak brush heads used with the gel were found to last three times longer than those used with regular toothpaste. In addition the



Interplak device ran 20 per cent faster when used with the new dental gel.

A programme of sampling to dentists will support the launch. **Bausch & Lomb. Tel: 081-979 9688.**

Ulay addition

Procter & Gamble have extended their Oil of Ulay sensitive skin range with the addition of a hypo-allergenic foaming wash.

The new foaming wash is claimed to be 100 per cent fragrance, colour and soap-free. It will retail at £2.79 for a 100ml tube or £4.75 for a 200ml pump pack.

To support the launch a travel pack, containing 20ml Foaming Beauty Wash sensitive, 30ml Beauty Fluid for extra sensitive skin and an information leaflet (£1.85) will be available.

Further support will come in the form of television advertising. The new variant will be incorporated in the existing advertising. New point of sale material will be available. **Procter & Gamble Health and Beauty. Tel: 0784 434422.**

Sweet offer from Jenks plus sporting prize

The Jenks Group have launched the first phase of a 7.5 million sampling campaign for Velamints, distributing the sugar-free mints in 50 towns nationwide.

The samples are being distributed together with a

5p off next purchase coupon, redeemable against Velamints, and entry for a free prize draw to win 10 pairs of Adidas training shoes. The campaign will continue throughout the year. **The Jenks Group. Tel: 0494 533456.**

On TV Next Week

GTV Grampian
B Border
BSB British Sky
Broadcasting
C Central
CTV Channel Islands
LWT London Weekend

C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television

TV-am Breakfast
Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Anadin Paracetamol:	All areas except G
Beecham Hot Remedies:	All areas
Benylin cough treatments:	All areas
Colgate Great Regular flavour:	All areas
Cough Caps:	All areas
Endekay dental health gum:	TV-am
Halls Mentholyptus:	B,G,Y,C,HTV
Hofels Garlic Pearls:	G,Y,C,A,HTV,TSW & TT
Ibuleve:	C
Just for Men:	All areas except TTV & TV-am
Lanacane Creme:	HTV,TVS
Le Condom:	STV,G,TT,C4
Listerine:	G,Y,TVS,TTV
Macleans sensitive:	All areas
Mu-Cron:	All areas except LWT,TTV & TV-am
Braun Oral B Plaque Remover:	All areas
Panadol Extra:	STV,B,G,Y,C,A,TTV,TT,C4 & TV-am
Pure & Simple:	All areas except U,CTV,LWT,C4 & TV-am
Radian B Mineral bath:	C,Y
Sanatogen Multivitamins:	All areas except GTV,Y,HTV,CTV,TTV,C4 & TV-am
Sensodyne toothpaste:	GTV,U,BTV,C
Seven Seas Evening Primrose Oil:	TV-am
Seven Seas Pure Cod Liver Oil:	All areas
Silkience hair care range:	All areas
Sinutab:	All areas
Slim-Fast:	All areas
Solpadeine:	STV,B,G,C,HTV,C4 & TV-am
Ultra Togs:	TV-am
Wrigley's Extra & Orbit:	G,A,HTV,TSW,TVS & LWT

"The coldcare unit meant extra profit"

— quotes one of Crookes' Mystery Shopper cash prize winners

Get it right at point of sale and reap the profits" — that is the winning message in Crookes' Healthcares' \$55,000 cash bonanza

Thousands of pharmacists who ordered the special Mystery Shopper display units should now make sure they are well stocked with Strepsils, Karsol and the Dequa range and not just for increased sales, but because each week for the next nine weeks, the

names of 50 pharmacists who ordered our special coldcare display will be picked out by our Mystery Shopper. The more well stocked units on display — the more cash can be won

The latest \$100 cash winners have the chance to win the \$5,000 grand prize. Congratulations to Mr M Johnson, Kenyon Pharmacy, Stalybridge, Cheshire

Mr P Watson, Forster and Plumpton Ltd, Chemist, Hull
Mr Devluka, Norwich
Mr K Chandogor, Ware Cross Pharmacy, Hoddesdon, Herts
N S Patel, Coopers Chemist, London SW1
A Mc Cartan, Malone Pharmacy, Belfast
K Currie, Smiths Chemist, Belfast

Mr P Moore, Belfast Co-Op Chemist, Belfast
So effective display pays — quite literally!
The window display has resulted in increased sales
Promotion is good practice for selling and customer relations
Boosted the sales and draws the customers attention
Comments from Crookes' prize winners



The big fish in multivitamins has launched a one-a-day cod liver oil capsule.



Each one has all the goodness of 3 standard capsules. And we're backing the launch with heavyweight regional TV support and a major on-pack promotion in the Spring.



We're also official suppliers to the British Olympic team. So watch out for record-breaking sales.

Sanatogen[®]



Call 0509 611001 Ext. 24242 for free P.O.S materials.

New look Right Guard gets male Drive

Gillette are relaunching their Right Guard range with new packaging and formulations and adding a new male variant, Drive.

The move follows research by the company showing 3.8 million new male APD users since 1981. The company recognised Right Guard was perhaps failing to attract new young male users, and has aimed Drive at this sector of the market.

Available as aerosol, roll-on or stick, Drive has a fresh masculine fragrance, inspired by Drakkar Noir and Cool Water. Packaging is masculine and a "new for men" flash will appear on-pack.

New packaging will feature across the whole range, with bolder graphics and colour coding to differentiate between variants.

The aerosols have an improved formulation, said to be quicker drying with reduced risk of staining clothes. The solid stick has a smoother formula which is less crumbly, say Gillette. Improvements will be flashed on-pack.

Right Guard Original variant has been extended to include a roll-on format. The full range now comprises six variants.

To support the range Gillette have developed a £3.7 million television advertising campaign, which breaks this month and will be screened nationwide. Two advertisements have been produced, one for men and one for women. Based on a theme of "No worries" the advertisements stress Right Guard's double protection formula. The campaign will be supplemented by a sampling campaign and new point of sale material. Promotions



through wholesalers are also planned.

In 1991 the APD market was worth £191m. A survey carried out by Right Guard revealed that 60 per cent of people bath or shower every day and that men spend an average of 30 minutes a day on personal appearance. A

deodorant is seen as being as essential as a toothbrush and 45 per cent of people say they use one three times a day. The popularity of aerosols continues to grow, with 65 per cent of sales attributed to them last year, say Gillette UK. Tel: 081-560 1234.

Gold Spot revitalised

Sara Lee are revitalising their Gold Spot breath freshener range in a bid to attract new users.

The package includes fresh graphics, improved formulations, and the launch of a new tropical mint flavour. This has been specifically developed in line with the company's research, which highlighted consumer demand for new and fresh tasting flavours.

Complementing the existing flavours — mint cool, ice fresh and original — tropical mint is expected to appeal to young women, accounting for 60 per cent of Gold Spot purchasers.

The new pack design, incorporating a new logo, is said to communicate the style and positioning of the brand. Sara Lee Household and Personal Care. Tel: 0753 523971.

Take the strain!

With the approach of the 1992 Olympics, Crookes Healthcare and the Chartered Society of Physiotherapy have produced a leaflet entitled "Take the strain out of sport". It advises on sportswear, diet, warm-up and cool-down routines and how to deal with injury. Free copies are available from PR Spray leaflet, PO Box 63, High Wycombe, Bucks, HP10 8XA. Crookes Healthcare. Tel: 0602 507431.

Going down

With effect from February 17, the Durex Gossamer range of condoms will decrease in price to: 3s £1.09 (PIPcode 079-772); 12s £4.29 (079-798); 18s £6.00 (110-304).

Asian appeal

Heinz are running a radio advertising campaign aimed at the Asian market throughout this month. It will be broadcast in Hindi in the London, Yorkshire, West and East Midlands areas. Heinz Co Ltd. Tel: 081-573 7757.

Skin Fitness

Skin Fitness for Men fragrance-free toiletries will be distributed exclusively by Grafton International with effect from February 1. Grafton International Ltd. Tel: 021 353 5080.

Win vouchers

Reckitt & Colman are running regional competitions for pharmacy assistants. The first prize will be M&S gift vouchers worth £50, with a £20 voucher for the runner up. The competition involves answering questions on treating acid indigestion. Reckitt & Colman. Tel: 0482 26151.

Simplicity offer

Numark have a special promotion on Simplicity towels. With orders of 10 cases pharmacists will receive £5 worth of B&Q vouchers. With 15 cases they will receive a £10 voucher and with 20 cases a £15 voucher. To qualify the order must include one case of Super 10s. Numark Management Ltd. Tel: 0827 69269.

Soft promotion

Colgate-Palmolive are running an on-pack promotion on all Soft & Gentle variants. The 150ml aerosols will come with 25ml extra free (£1.28) and the 50ml roll-on will receive 30 per cent extra (£0.81). Colgate-Palmolive. Tel: 0483 302222.

Be a hero

Elida Gibbs are promoting Hero fragrance for Valentine's day with a £55,000 Press campaign. Elida Gibbs Ltd. Tel: 071-486 1200.



Beckmann Stain Salts have been given a new look. The new packaging comprises 85 per cent recycled material and highlights the product's "green" credentials — "Tough on stains, gentle on the environment". The new carton comes in two sizes — 200g (£1.64) and 375g (£2.79). Sample 50g sachets (£0.43) will also be available. The relaunch will be supported by a Press campaign in women's magazines and a PR programme. Dendron Ltd. Tel: 0923 229251.



**BRING MORE
TEMAZEPAM INTO
YOUR PHARMACY
BY RINGING
(0628) 604377
EXTN. 4519**

WYETH*
GENERIC
QUALITY ASSURED
SERVICE ASSURED

Wyeth Laboratories, Taplow, Maidenhead, Berks
*trademark

CORSODYL'
chlorhexidine
gluconate
0.2% w/v

CORSODYL'
MINT
chlorhexidine
gluconate
0.2% w/v

WARNING NOTES
See data sheet
for prescribing.

Removal of plaque;
treatment and prevention of
gingivitis; maintenance of
oral hygiene; promotion of
wound healing following
surgery; management of
periodontal ulceration and oral
cancer.

INDICATION
Corsodyl' Mouthwash:
Pink solution
containing 0.2% w/v
chlorhexidine gluconate.
Corsodyl' Mint Mouthwash:
Colourless solution
containing 0.2% w/v
chlorhexidine gluconate.

**USE AND
ADMINISTRATION**
Diluted twice daily.
Rinse mouth for one minute.
After dental surgery: rinse
with 10ml for one
week.

CONTRAINDICATIONS
Hypersensitivity
to chlorhexidine.
Side effects are,
however, extremely rare.

PRECAUTIONS
For oral use only, keep out
of reach of children.
Avoid contact with
eyes, nose and ears.

SIDE EFFECTS
Local irritative skin
reactions. Generalised
allergic reactions to
chlorhexidine have also
been reported but are
extremely rare. Superficial
discolouration of the teeth
may occur. This usually
disappears after
discontinuation of treatment
and is largely be-
lieved to be caused by
cleaning teeth
thoroughly before use but
sometimes require
polishing for
stain removal. Transient
taste disturbances and oral
dryness may occur. Very
rarely, local parotid swelling

PRODUCT LICENCE
MARKETING AND BASIC

PRICE LIST
Corsodyl' Mouthwash
(4) 300ml (OP) £1.25.
Corsodyl' Mint Mouthwash
(1) 300ml (OP) £1.25.

Corsodyl' is a trademark

Further information is
available from:
Pharmaceuticals,
ICI, Court, Water Lane,
Macclesfield, Cheshire,
SK10 2Z.

Which

mouthwash

won't

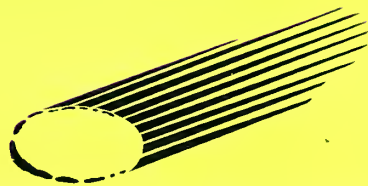
get

left

on the

shelf

?



Of Cors'odyl'!



ADVERTISEMENT FEATURE

The priorities at one of Britain's premier companies in the medicated pastille and lozenge market place are clear — to reaffirm its position as a leading player and to breathe new life into a traditional British favourite

Out with the cold — in with the new

Revamp for Zubes

First on the agenda is a brand new look for the product, which has been repackaged in bright, eye-catching cartons and tubes. To further aid their case for catching the consumers' eye, Zubes have their own specially designed display outers and "dropper" outers which sit well on the shelf.

A comprehensive display package is also available, and national Press advertising in the Sunday magazines throughout the Winter months, with the impactful line "It's always been quicker by Zubes", will help re-establish Zubes in the minds — and throats — of the British public.

As a further incentive, competitions offering retailers the chance of free cinema tickets, and a weekend break in any city in Europe form part of the Zubes campaign.

Available in four flavours — Cherry, Blackcurrant, Lemon and Honey and the traditional Original, Zubes look set to sell quicker than ever before in 1992 — as Ernest Jackson say, it really is quicker by Zubes!

Brand support

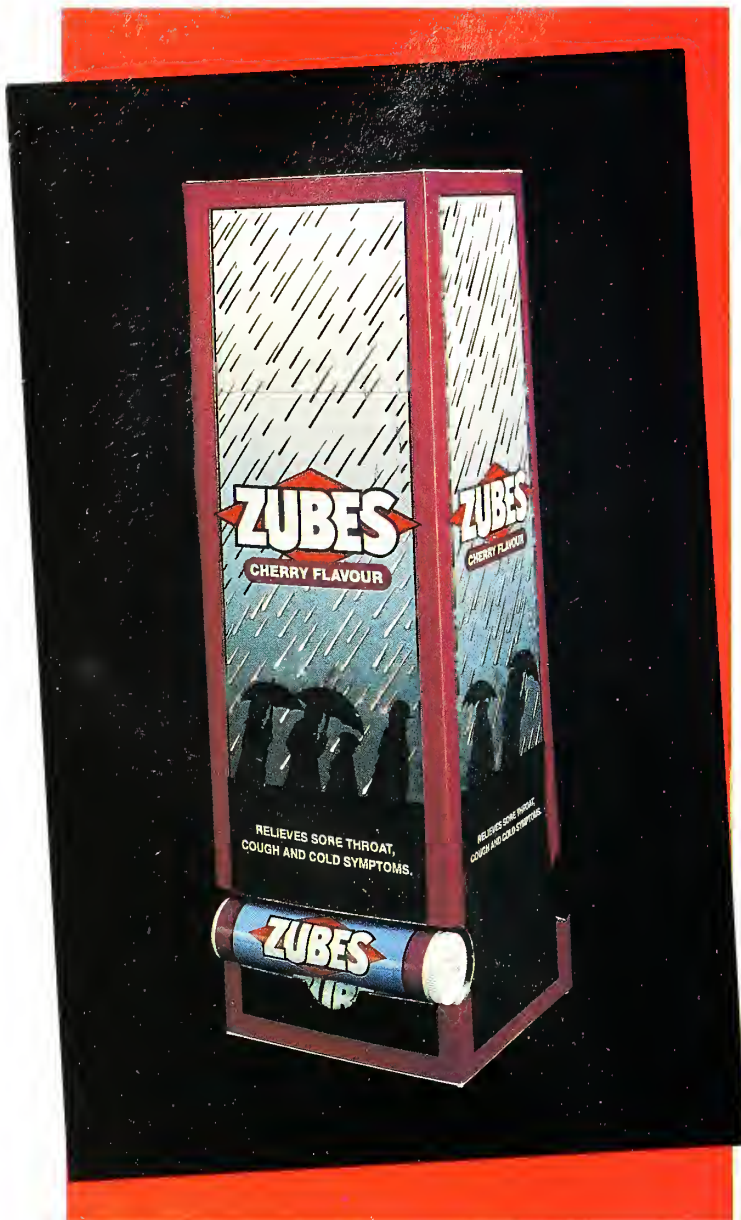
Of course the frenzied activity on Zubes does not mean that other well established Ernest Jackson brands are being neglected. Take Throaties for example....

Now firmly established as the nation's top selling medicated throat pastille, Throaties look set to carry on scaling even greater sales heights in the coming months.

Throaties, as millions of Britons will testify, provide a pleasant and effective way to soothe a sore throat and the stronger Throaties Extra help to relieve bronchial catarrh, cough and cold symptoms.

Because Throaties are a pastille formulation they're easier on the mouth and the active ingredients inherent in each pastille are quickly released for faster relief.

The line which promotes Throaties, "One chew, medication bursts through", is particularly apt. Now that message will be reaching a bigger audience than ever before — indeed, it will be a captive audience....



The company is Ernest Jackson who, since 1817, have been looking after the health of the British public. No matter what the British weather has thrown up — rain, sleet, snow, freezing cold nights — which result in an upturn in coughs, colds and sore throats — pharmacists down the years have been recommending Ernest Jackson products with confidence.

Now the number of brands

within the Ernest Jackson portfolio is expanding, and one particular new addition will be a familiar name to most.

The product is Zubes, a traditional favourite of the British public which, in 1992, will be stepping into the spotlight. That's because Ernest Jackson recently acquired the product and are now solely responsible for its production, marketing and distribution.

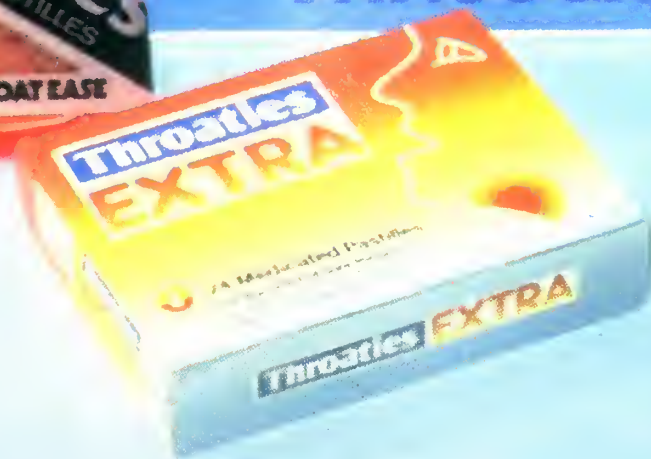


Zubes window display unit

ONE CHEW...MEDICATION



BURSTS THROUGH



The end frame from the Throaties cinema commercial

Throaties 'on screen'

For the first time Throaties will be advertised on the cinema. Reaching screens nationwide throughout the winter months, an adaptation of the proven TV commercial will be shown to cinema goers on a regular basis ensuring that the Throaties message hits home to more eyes and ears — and in turn more throats — than ever before.

Comprehensive Press advertising in the national dailies will continue for Throaties and Throaties Extra.

Available in five delicious flavours, Throaties have enjoyed their unrivalled reputation for efficacy for many years and the unprecedented step of cinema advertising can only help the brand grow from its current value of £3 million at rrp.

Another famous brand has recently joined the Ernest Jackson ranks. Potter's Traditional Catarrh Pastilles have long been an established name in pharmacies.

Potter's don't potter!

Ernest Jackson purchased the Potter's brand in mid 1991, having had a close association with the product on a third party basis, by manufacturing it for a number of years. A traditional remedy for the relief of catarrh, coughs and colds, Potter's is a logical addition to Ernest Jackson's product portfolio, where the company's nationwide sales force will be able to greatly support the

product's distribution. Plans are in hand for a new advertising campaign, backed up with substantial point of sale and promotional support.

However, these brands account for only part of the extensive and well known Ernest Jackson range of pastilles and lozenges which enjoy an ever growing level of consumer usage.

With an established reputation for quality, efficacy and taste, Britain's largest

pastille manufacturer looks set for continued growth and success in 1992.

Up to date plant

The manufacturing plant in Crediton is being continually updated and expanded to make product development, manufacture and output as quick and efficient as possible.

Is it any wonder, therefore, that Ernest Jackson have gained such a sound reputation as a

major name within the cough, colds and sore throat market. After all, they have been committed to the chemist trade for longer than most and indeed celebrate their 175th anniversary this year.

For further information about the full Ernest Jackson range, please contact Marketing Manager, Pam Francis at Ernest Jackson & Co. Ltd, Crediton, Devon EX17 3AP. Tel: (0363) 772251. Fax: (0363) 775595.



Clinging to the wreckage

Simply trying to ride out the economic storm may not necessarily be the best policy in the current recession. Consultant John Kerry considers the options available to community pharmacists and looks at a variety of strategies adopted by retailers

By the time the recession finally ends it is probable that many well-known retail names will have disappeared for ever from the High Street and precinct. There is little room for fat when the bottom line is threatened; those which survive the recession (and that is most of them) will have slimmed down to their fighting weight.

The nightmare scenario for retail is the day when the doors are closed at 6 o'clock on a fully staffed shop, heated to tropical levels and lit-up like Piccadilly Circus, but without a shilling added to the till float.

People are buying fewer clothes, electrical goods, furniture, white goods and indeed are economising on toiletries, hair care, fragrances, skin care and the like. There is also a suspicion that patients who are not exempt from prescription charges choosing not to have their prescriptions filled are increasing.

Of course, no pharmacy anticipates the day when nobody walks in to buy a GSL item or have a prescription dispensed — it just isn't imaginable. The reality in a large proportion of pharmacies is nil growth in takings year-on-year, and in a disturbing minority a fall in total sales for two years.

To continue trading in such a climate without taking positive remedial action is at best bad management and at worst suicidal.

Tactics

The following tactics have been adopted by retail pharmacy clients of mine after reviewing their particular situations.

They fall into two categories, defensive and offensive. Some are



quite obvious, many are painful and not every suggestion is practical in all instances. Nevertheless they work and a fat inefficient business can become a slim and fit business, although not without some grief on the way.

Defensive tactics work by concentrating on improving the bottom line and increasing the net profit percentage.

Some months ago I was discussing a zero growth and indeed zero net profit situation with a client. She knew that the gross turnover had to be increased, but with a stretched overdraft and no private funds this had to be postponed until the business earned its keep. However, eventually, two areas of cut backs were settled upon: stock and staff.

She, like most retail pharmacists, knew that she had too

much stock but didn't know where it was and was a little frightened to clear out lines in case they were the wrong ones.

Within two months of operating a stock control card system not only were the offending products identified, but also the reasons for being overstocked. Three thousand pounds worth of dead stock was found and sold at half price, realising £2,500. Some £5,000 of mostly skincare, cosmetics and fragrant products were returned to manufacturers for full credit. A further £5,600 worth of other goods, toiletries and baby care were regarded as extravagant buffer stock and allowed to run down to minimum level. This exercise alone saved £10,000; it could have been more and it all went onto the bottom line.

Housekeeping

We also established good housekeeping practices to ensure that front shop stock didn't grow too large again:

- Stock control cards were regularly updated and minimum levels established
- Staff were allocated a maximum ordering authority to prevent the over-zealous salesperson ruining all of the good work done
- Neither new product ranges nor manufacturers stands/merchandisers were taken on unless they satisfied the criteria that:
 - An established demand was present
 - The manufacturers supported the product with substantial marketing/advertising

- Full credit was given on either outdated or unsold stock

Expensive luxury

The shop wasn't over staffed all of the time, but four full-timers were an expensive luxury during the quiet periods, which were generally between the hours of 2.00 and 6.00pm. One full time assistant was kept, the others were put on a part time basis and asked to work only when the shop required them. By this means a total of 1½ full time wages were cut from the annual bill without compromising the service given to customers.

Businesses running on an overdraft don't know exactly how much this facility costs until the year end, when the profit and loss account is presented. Cutting purchases, stock holdings and wage bills has a beneficial effect on borrowings and the interest charged.

Small businesses seem less able to extend lines of credit than their larger suppliers, however this tactic must be considered in times such as these. The benefits of hanging on to your cash for as long as possible are well known, but one has to keep a wary eye on suppliers and the conditions of trade printed on their invoice.

The attractive, sometimes irresistible early settlement discounts are definitely worth taking, but the deadlines for payment are strictly applied by most who offer them.

On the other hand, penalties for exceeding the stated credit terms are even more harshly applied. For example, it is legal for a company

to impose an interest charge for each month that the bill remains unpaid.

Watch out, too, for those who hand all of their debtors to a collection company or factor. A further collection charge can be incurred, providing of course that this condition was printed on the invoice.

Offensive stance

Have you noticed how some retailers have taken an offensive stance during the recession? They probably haven't a choice of course, because these are those shops which in the main have suffered much more than pharmacy or food retailers. The common tactic is to have 'a sale'. It seems that shoe, furniture, clothes and electrical retailers have been having a sale all year, which rather defeats the object. They have all decided to sacrifice nett profit percentage for volume. A good idea if it succeeds. The shop "works" harder to achieve an improved turnover and a lower percentage gross profit, but hopefully still makes a nett profit to pay the bills and satisfy the shareholders.

There is nothing wrong with borrowing this activity for retail pharmacy. In truth for many it's already a long term policy. We're not talking about soft price promotions, where the supplier takes the initiative, but genuine retailer generated cut price policies.

Typical lines for such activity are all-in-one nappies, fragrances, hair colourants, infant foods and even health foods.

I know of a small pharmacy making £1,000 a week (one third of his total counter trade) from all in ones, generating only 7.5 per cent gross profit. Not much, you'll say, for a lot of hard work, but one of his key part-timers keeps her job because of it.

Many have found to their cost that price cutting only works if the local population is told about it. Some well directed advertising is essential.

Another town centre pharmacist I know set himself the objective of becoming the principal supplier of baby foods in the district. This was achieved by stocking comprehensive ranges of all of the big brands, cutting the price to the bone and telling the world about it. He claims that he took 50 per cent of the available baby food market and this was achieved despite the fact that there were six competitive retailers in the town selling the same products.

To succeed with this type of policy the product group has to be in either a substantial volume market and/or one where the margins are high. The selling price has to be maintained below the competitors' and a careful watch on the latter who may take short term counter action. The policy must be a long term one, perhaps permanent, and communicated effectively.

The effect of this offensive activity should be measured not only in volume sales of the nominated product group, but also in the knock-on effect on other sales. Of course, many customers (maybe 50 per cent) will call just to buy the low profit products and

nothing else, others will fill their baskets with all sorts.

It could be claimed that tactics employed during a recession would be justified during a boom also, with much more gratifying results. A shop that trims down and becomes fit enough to keep its head above water now will be in fine shape when the slump ends.

Going for volume in order to get sales moving will penalise the gross profit percentage, but help pay the bills. You're likely to build your customer base long term too.

Accountants will provide plenty of advice on reducing overheads. The big chunks are the easiest targets and the wage bill can often be cut by reducing hours.

Stock investment is an expression with less meaning during a recession. Clearly a minimum stock holding is desirable and don't let over buying ruin your resolve.



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Pharmacyupdate

Getting from A to B without being sick

Motion sickness can affect individuals travelling by air, road, rail, sea and even in space. It has been reported that people can also suffer when travelling by camel and elephant, but not by horse. Cyclists do not appear to suffer either.

Statistics indicate that 25-30 per cent of travellers on an Atlantic crossing will suffer from travel sickness during the first two to three days, on a journey of average turbulence. If the turbulence changes, they may become sea-sick again and require another period of acclimatisation. For those unfortunate enough to find themselves on a life raft, it is estimated that 99 per cent will become sea-sick!

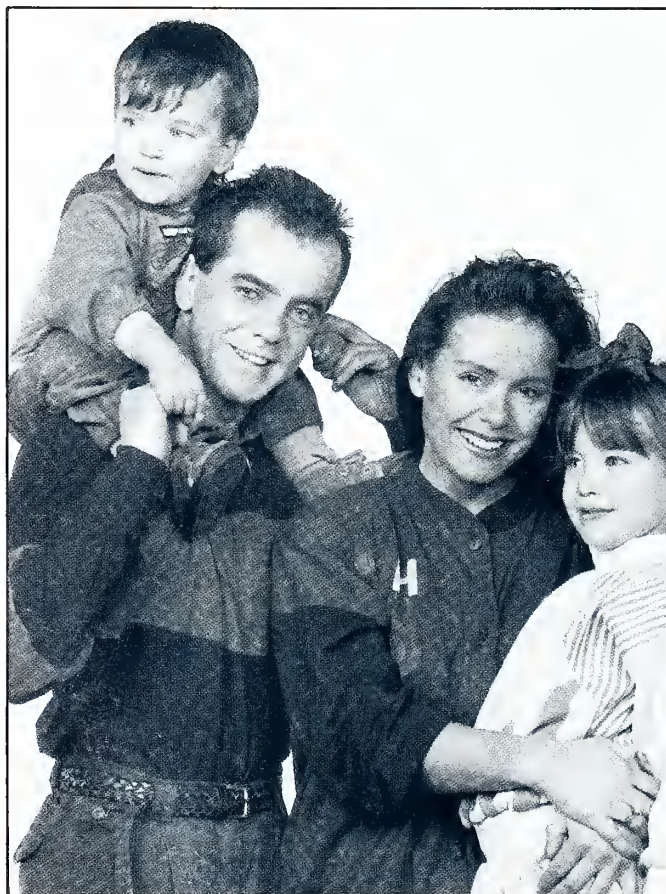
Between 1-8 per cent of travellers become travel sick on aeroplanes, the figure increasing with increased turbulence and the psychological effect of stress. Only about 0.15 per cent of travellers by train become travel sick, and it is reported that this figure decreases if travellers face the direction of the movement of the train.

Dogs and other animals also suffer from motion sickness. Children appear to suffer more often than adults, but rarely before the age of two years. Peak incidence is seen around ten years.

How it occurs

There is no definite theory to explain the causes of motion sickness, but "Reason's Neural Mismatch Theory" is commonly quoted. The theory states that sensory information provided by visual, vestibular and peripheral receptor apparatus is at variance with that expected on the basis of past experience when not travelling.

For instance, when the brain has good visual evidence of the position of the body in motion on a bicycle, then no motion sickness occurs. But when the person is enclosed in a vehicle, the objects nearby (the inside of a car) are stationary compared



Motion sickness or travel sickness is a condition that is very common and extremely unpleasant for the sufferer. The term 'motion sickness' was first coined by Irwin in 1891, but it is by no means a new phenomenon: descriptions of motion sickness occur in Greek mythology. However, as modes of travel have become more varied and the numbers of people utilising facilities have risen steeply, the occurrence of travel sickness has become very familiar. Janie Sheridan, MRPharmS, Boots teacher/practitioner at the School of Pharmacy, University of London, spells out the A to Z of this condition.

to the traveller, but objects outside move fast.

This mismatch of sensory information is thought to induce motion sickness. For this reason, sufferers are often advised to concentrate on objects which are a long distance from the vehicle.

Other theories describe the fact that vehicular motion normally causes the head to move relative to the body, so that the head and vehicle move differently with respect to inertial space. If the head is restrained the incidence of motion sickness is reduced.

Symptoms

The symptoms of motion sickness are many and vary among individuals. The main symptoms are nausea and vomiting. Certain other symptoms may precede nausea and vomiting, namely: drowsiness, pallor, flushing, salivation, hyperventilation, headache, the desire to be alone and the desire for fresh air.

Treatment choice

There are many effective drugs used for the prophylaxis and treatment of motion sickness. When choosing the appropriate drug for the patient, it should be borne in mind that the drugs vary in terms of:

- onset of action after initial dosage
- half life/duration of action
- incidence of side effects
- incidence of drug interactions
- age restrictions for use.

Therefore, the following points should always be investigated:

1. Age of patient.
Is the patient a child, and if so, how old? Is the patient elderly?
2. Any other medication.
Drugs used to treat motion sickness may interact with other medication.
3. Other medical conditions.
The use of these drugs is contra-indicated in certain

Continued on p220

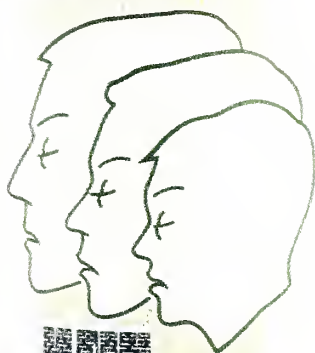
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 (Address)

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Continued from p218
conditions such as glaucoma, and should be used with care in others, for example, hypotension.

4. Details of the journey.

How long is the journey and when is the journey going to commence? Drugs with a longer duration of action are more appropriate for longer journeys and so on. Also, if the patient is just about to embark on a journey, the drug of choice should have a short onset of action.

5. Need to avoid drowsiness.

If the patient is going to be driving a car, he or she will want to avoid drowsiness. This will apply to any task where impairment of performance is to be avoided.

6. Previously tried remedies.

If a patient has tried a remedy previously and is happy with it, then it is probably best to stick to it as the psychological effects of using a trusted remedy are not to be ignored. However, the possibility of contra-indications, drug interactions and side-effects may cause you to recommend another treatment.

7. Pregnancy.

None of the drugs used in motion sickness should be used in the first trimester of pregnancy, and should be used with caution and under medical supervision at any other stage. Therefore, it is best to refer the patient.

Drugs used

These fall mainly into two classes:

1. Antimuscarinics. The only drug in this group which is widely used is **hyoscine**. It is reported to be the most effective drug for motion sickness. It is believed to work by counteracting the acetylcholine released by the extra nervous activity caused by motion sickness, and so blocking the pathway to the vomiting centre in the brain.

The use of hyoscine is limited by side-effects and by the short duration of action. It is contra-indicated in glaucoma and pregnancy. Antimuscarinic drugs interact with MAOI's, anti-arrhythmics, domperidone and metoclopramide and tricyclic antidepressants.

Hyoscine can be used from the age of three years onwards. The onset of action after initial dosage is around 20 minutes so patients should be advised to take it about half an hour before commencing the journey. As the duration of action is relatively short, further doses may be needed if the journey is long.

Side-effects include dry mouth, drowsiness and clouding of consciousness, dilated pupils and blurred vision, tachycardia. It is best not to recommend it for drivers due to the effects on vision and consciousness.

2. Antihistamines. These have a direct antimuscarinic activity, therefore having a direct action on the vomiting centre in the brain. They all cause drowsiness and there is a drug interaction between them and alcohol, anxiolytics, hypnotics and antidepressants (especially



Table 1. Common treatments for travel sickness

Drug name	Initial dose	Repeat dose	Side effects/ contra-indications
Cinnarizine (Stugeron, Marzine RF)	2 hours before travel Adults: 30mg, children 5-12 half adult dose	15mg every 8 hours when required. 5-12 yrs half adult dose	Drowsiness; CI in porphyria, glaucoma, pregnancy; caution in hypotension
Dimenhydrinate (Dramamine)	30 minutes before travel. Adults: 50-100mg 2-3x day, 7-12 yrs: 25-50mg; 1-6 yrs: 12.5-25mg	As for initial dose: 2-3 times a day, when required	Drowsiness; CI in pregnancy, glaucoma, porphyria.
Meclozine (Sea Legs)	At least 1 hour, or the night before journey. Adults: 25-50mg; 6-12 yrs: half adult dose	Active for 24 hours	As above
Promethazine theoclate (Avomine)	The night before journey. Adults: 25mg 5-12 yrs: half adult dose	Active for 24 hours	Drowsiness; CI in porphyria, glaucoma.
Hyoscine (Joy Rides, Kwells, Junior Kwells)	30 minutes before journey. Adults: 300mcg up to three doses in 24 hours. 4-10 yrs 75-150mcg. over 10 yrs: 150-300mcg	As for initial dose: every 6 hours when required, maximum 3 doses per day	Drowsiness, blurred vision dry mouth; CI in pregnancy, glaucoma.
Wrist bands (Sea-band)	Before travelling.		

tricyclics.) The result of the drug interaction is an increased sedative effect. Increased antimuscarinic activity is seen when the antihistamines are given with tricyclics and antimuscarinics. The antimuscarinic activity of the antihistamines themselves, means that they should be used with caution in glaucoma and prostatic hypertrophy.

The antihistamines used for motion sickness are: cinnarizine, cyclizine, dimenhydrinate, meclizine and promethazine theoclate.

Cinnarizine has a strong action on the balance mechanism of the inner ear, damping down excessive impulses to the vomiting centre

and decreasing a person's response to motion. It also has a significant effect on nausea. As the onset of action is fairly long, it should be taken two hours prior to travel. Its duration of action is longer than hyoscine, and it should be re-administered eight hourly when required.

Other remedies for motion sickness include the use of powdered ginger, which may also be given to dogs. A hyoscine patch, placed on hairless skin behind the ear, is available on prescription only. It has a duration of action of up to 72 hours. A report in the *Lancet* (1987, 12, p1265), provides anecdotal evidence that nifedipine may prevent motion sickness.

Elasticated bands, placed around the wrist and working by accupressure are available. There is documented evidence for their anti-emetic action and they are safe for use in pregnancy. They do not cause drowsiness.

Cinnarizine can be used from the age of five years onwards.

Side-effects include drowsiness, but the incidence of this is reported to be lower than for the other antihistamines and hyoscine, and therefore, may be the drug of choice for drivers and those who do not want impairment of performance. It is contra-indicated in porphyria and should be used with caution in hypotensive patients. It is not recommended in pregnancy.

It has been reported that sucking a tablet of cinnarizine increases the effectiveness, and this can also be used as a dosage for those already vomiting as the drug is absorbed through the buccal mucosa.

Dimenhydrinate has a short onset of action and should be given 30 minutes prior to travel with further doses two to three times a day, where necessary. The drug may be used from the age of one year onwards. It causes drowsiness and should be avoided in porphyria and pregnancy.

Meclozine is a potent anti-emetic. It may be used from the age of six years onwards. Initial dosage should be one hour prior to travel, or possibly the night before. It has a very long duration of action and another dose should not be given within 24 hours of the initial dose. Side-effects include drowsiness and it should be avoided in pregnancy.

Promethazine theoclate has a very long onset of action and should be given at least one to two hours before travelling or the night before. The drug has a long half life and another dose should not be required within 24 hours of the initial dose. Although the drug may be used in pregnancy, this should only be under the supervision of a doctor.

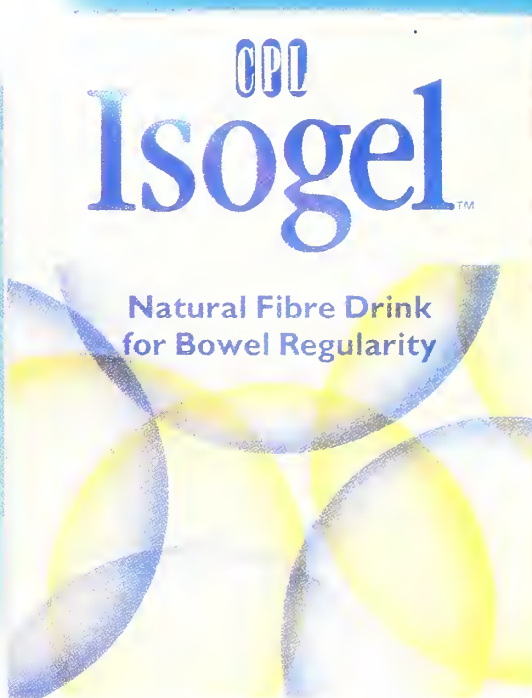
Although cyclizine may be used to prevent sickness, there are problems associated with abuse of the drug and it should therefore be avoided.

Other advice

Patients should be advised not to travel on an empty stomach and that small regular meals are best. Looking out of the window of the vehicle and concentrating on distant objects reduces motion sickness, so I-Spy is a useful game for sufferers of all ages! Reading is thought to increase motion sickness. In cars patients should sit in the front, on trains facing the direction of travel and on ships, should be on deck and concentrating on the horizon, if possible.

With a full and thorough consultation, it is possible both to give medication and advice to prevent the misery of motion sickness.

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CPL

Breaking the Code

A new Code of Ethics for pharmacists is due to be published in May. In the first of three articles on the Code, Gordon E. Appelbe, LLB, MSc, BSc (Pharm), FRPharmS, MCPP, formerly head of the Royal Pharmaceutical Society's Law Department and now a member of Council, explains the proposed changes and the reasons for them

Pharmacy has always been affected by both internal and external factors and will continue so to be. The proposed new Code of Ethics, which was published in the *Pharmaceutical Journal* on October 12, 1991, arose as a result of those factors.

The need to codify Council statements and the changing face of pharmaceutical practice with its emphasis on the wider role for pharmacists, were internal factors. The changes within the NHS, the activities of the Office of Fair Trading and the Monopolies and Mergers Commission who were scrutinising advertising by the professions, and the increased expectations of the public, were some of the external factors.

All these played a part in the minds of the members and staff of the Working Party on the Code of Ethics who drafted the present proposals and who were concerned to revise the Society's Code from within, rather than have changes forced upon them from outside the profession.

The new proposals attempt to identify those matters which are:

- perceived by the public to be of importance to them in the service they receive from pharmacists
- of vital importance to the profession.

A new format

The proposed Code has a new format and makes a clear distinction between what is mandatory and what is guidance or desirable. To achieve this the Code comprises, firstly, **principles** which are the philosophical foundation of the Code. Then there are the **obligations** which develop and expand the principles and help pharmacists in applying the Code to everyday practice. Together the principles and obligations set out the fundamental mandatory rules for all pharmacists, a breach of which could lead to disciplinary action being taken.

In addition there are **guidance notes** which are designed to help the pharmacist in interpreting the Code. These are given in areas where it is considered further detailed advice is necessary. They are not mandatory but desirable objectives although any pharmacist who persistently breached them, particularly

over a long period, may face disciplinary action.

The Code applies to all pharmacists whether in pharmaceutical practice or otherwise and reiterates the fact that the arbiter of misconduct is the Statutory Committee. The principles are little changed from those of the current Code of Ethics and are based on the pre-eminent need to ensure a safe and efficient pharmaceutical service to the public. Innovations have been made in the obligations and in the guidance notes.

The prime concern of pharmacists must be the welfare of patients and public. This is encapsulated in the first obligation thus:

"A pharmacist must at all times act in a manner which promotes and safeguards the interest of the public, justifies public trust in that pharmacist's knowledge, ability and judgment, and enhances the good standing and reputation of the profession."

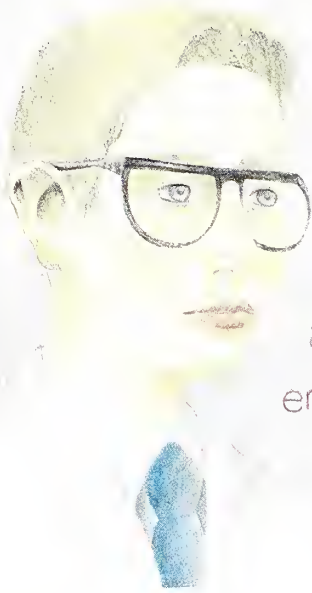
The standards document

An important innovation is that pharmacists must comply with the requirements of the standards of Good Pharmaceutical Practice — "the standards document" — which is an appendix to, and forms

part of, the Code. This is in addition to the present requirement to conform to codes of practice appropriate to a pharmacist's field of work.

The standards document embraces, among other matters, professional and environmental standards including all matters covered by the current Code together with others developed during the

they offer. Such a concept is axiomatic. The standards document expands on this concept and requires a pharmacist to continually review his or her level of professional knowledge and expertise and to participate in continuing education programmes so as to ensure competency. This is particularly so when a new service is offered, for example



"A pharmacist must at all times act in a manner which promotes and safeguards the interest of the public, justifies public trust in that pharmacist's knowledge, ability and judgment, and enhances the good standing and reputation of the profession"

past few years. These standards are mandatory but have attached to them guidance notes setting targets to achieve wherever practicable and desirable.

The standards document deals with procurement and source of materials, dispensing procedures, quality assurance, education and training, and standards for relationships with patient, public and other health care professionals.

Of particular interest is a new requirement concerning professional indemnity and the pharmacists responsibility to patients. It is proposed that every pharmacist must be covered by adequate professional indemnity insurance. A pharmacist must only practice in a pharmacy which is covered by indemnity insurance or where there is an equivalent arrangement for the protection of patients who receive services from that pharmacy.

Pharmacists will have to consider whether or not they should obtain indemnity insurance in their own right or rely upon cover being provided by the owner of the pharmacy where they work.

New standards have also been set for education, training and development in order that pharmacists are competent to provide any of the pharmaceutical services which

diagnostic services, in order that the pharmacist and his staff have the necessary expertise to provide a competent, safe and high standard of service for patients.

In the further interest of patients and possible medico-legal considerations, the section on confidentiality has been further developed to take account of the wide range of information which pharmacists receive about patients during the course of their practice. Such information, whether related to the patient's medication or of a personal nature, is confidential and should be treated as such by pharmacists and their staff except in circumstances where the duty to disclose may arise.

Another innovation is the introduction of a limitation of conscience clause. While the basic concept is now new this has been included because the developments in drug therapy are now involving pharmacists in areas where some may have strong moral or religious reservations about such treatments. While not taking away the right of a pharmacist to refuse to dispense a medicine on the grounds of conscience the proposals require such a pharmacist to advise the patient, in the patient's interest, as to an alternative source of supply bearing in mind that the overall clinical responsibility for a patient rests with the

physician. It is a balance between the pharmacist's conscience and his professional responsibility to the patient.

A major part of the new proposals concerns, as does the current Code, the control over the purchase, supply and dispensing of medicinal products based on the concept of safety, quality and efficiency. The pharmacist must be satisfied as to both the supplier and the source from which he purchases medicines.

Extended advice is given in the guidance notes on the question of "parallel imports", their licensing and labelling, and the fact that all medicines when supplied and/or dispensed should be labelled in English with all the necessary information such as to ensure the safe and effective use of the medicines by the patient. More detailed guidance has also been included on the proper use of the emergency supply requirements and the controls over the supply of medicines liable to misuse and/or abuse.

Already approved

Two matters which have already been approved by the membership, and are incorporated in the new proposals, concern relationships with other health professionals and the perennial question of publicity or advertising.

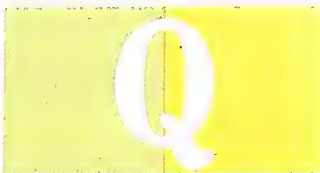
Co-operation between pharmacists and with other health professionals is highly recommended provided that the pharmacist does not compromise his or her own professional independence and judgment. Similarly it is now accepted that it is in the public interest that information concerning the professional services provided by pharmacists should be made available. This now encourages the promotion of pharmacy practice leaflets.

As far as publicity or advertising of a pharmacists' or pharmacy's commercial and/or professional services, the obligations are primarily aimed at the owners of pharmacies, although it could apply to individuals offering a pharmaceutical service. Such publicity is permitted within certain basic rules. All publicity must be legal, decent and truthful, not abuse the trust of customers/patients and not bring the profession into disrepute.

Additional requirements apply to publicity given to professional services which should be factual, dignified and restrained and should not disparage the professional services of other pharmacists/pharmacies. There must be no unsolicited approach by way of visit or telephone call without prior appointment, and no offer of any inducement by way of discount, gift, etc.

In summary, the proposed new Code of Ethics plus Standards for Good Professional Practice is designed to meet the increased expectations of the public for the highest standard of service and to enhance the status of the profession.

You know this 49 year-old man well: he has a history of alcohol abuse and he smells strongly of drink this morning. He takes nicardipine for angina, with an increase in dose from 20mg three times daily from last week because the symptoms are getting worse. He takes cimetidine as maintenance treatment of gastric ulcer. When you ask if he needs any GTN, he says no, he has plenty left. He asks you for a mixture to settle his stomach. He says he has been feeling sick and shaky for a couple of days, and he looks unwell and is perspiring.



1. What are the possible causes for his symptoms?
2. Can you account for the possible contribution from his drugs?
3. What action do you suggest?



1. He may simply be sick due to a gastro-intestinal or other infection — he is, after all, a man who is likely to neglect his health. Alternatively, his recent alcohol consumption may have been exceptionally high. In the absence of pain, exacerbation of gastric ulcer seems unlikely but should be considered. The symptoms also correspond with the common adverse effects of nicardipine.

2. The symptoms have followed an increase in dose of nicardipine. This may have been excessive, because its metabolism is reduced in patients with impaired liver function — which he is likely to have — and perhaps inhibited by cimetidine. It is possible that the preceding worsening of angina could be due to poor compliance with the eight-hourly dose schedule, or to the use of old glyceryl trinitrate tablets; he should get a fresh supply at least every eight weeks.

3. In view of the medical history, it is probably wise to refer him to the GP. His angina therapy should be reviewed, and ranitidine should be considered in place of cimetidine to reduce the risk of drug interactions. Although compliance might be improved with a once-daily calcium antagonist such as amlodipine, it is probably unwise to use such a long-acting agent in this case. A beta-blocker is another alternative, though caution is still required in patients with impaired liver function.

Pharmacy Stamp Pharmacist's pack and quantity endorsement	No. of days treatment N.B. Ensure dose is stated	NP	Pricing Office use only
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Signature of Doctor		Date	



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Glaxo scheme results in wholesale discounts for contractors

Chemist contractors having accounts with the major wholesalers will by now have received notification of their new trading terms as of February 1. In my opinion, these new terms can only mean financial disaster for many contractors.

After carefully translating Unichem's terms, it appears that the 1.5 per cent terminal discount for orders placed via an approved ordering system is specifically excluded from any Glaxo product ordered. Also, any contractor whose Glaxo purchases do not comprise at least 7.5 per cent of medical purchase will be further penalised — their medical discount will be reduced by 2 per cent overall. In simple terms, this means that many contractors will lose, not 3.5 per cent, but over 4 per cent of their discount. This monetary loss will transfer straight through to a bottom line, net profit reduction! AAH's terms are even worse, their threshold is 10 per cent!!

Before the arrival of these new wholesaler terms, it was crystal clear to me and other positive thinkers, that the majority of contractors would be disadvantaged by a £500 annual loss of net profit by the Glaxo agency discount structure.

As apparently, this discount structure is within the Pharmaceutical Price Regulation Scheme, in theory there should still be 12.5 per cent discount available on Glaxo produce. This includes a wholesaler agency fee, thought to be around 5 per cent. Using my junior school arithmetic, several percentage points of our previous discount are now not going to be received by contractors. Where has this money gone? Is it to Glaxo, or as I surmise, is it to the wholesaler?

If this is how Glaxo perceive they can get closer to community pharmacy, heaven help us if they ever see themselves as our enemy!

This disgraceful and disastrous discount structure, seems to me, to be a pathetic and miserly attempt by Glaxo to mitigate the effects of parallel imports and generic prescribing.

Once against, chemist contractors are to be the whipping boys. The sooner this badly thought out and presented discount structure is withdrawn, and order returns to the well tried and proven wholesaler/pharmacy system, the better it will be for all concerned.

David Thomas
Wolverhampton

JRC and the right to buy hardware independently

John Richardson's rambling letter (*C&D* January 25 and February 1), fails to give a satisfactory explanation for the massive increase in maintenance costs he is to impose on users of his system.

I have been an ardent supporter of his system going back to the Video Gene days. I would like to upgrade but not at the prices he is offering. A 386SX/20 machine for £2,945, including three years Coversure, doesn't seem good value compared to an equivalent Dell machine which can be purchased for £1,149.

I purchased the program and the dangle with my existing Sanyo system. Why can't I purchase my own hardware and have a reduced premium for software maintenance? In comparison I purchased the NPA's approved accounts package Ob-Serve, and pay £50 per year for on line telephone help.

If all suppliers insisted that I had to purchase their hardware together with their software, then I would have one computer for patient medication records, another for the word processor, another for the spreadsheet, another for the accounts program and another for the wages program! No wonder the Royal Pharmaceutical Society wants us to have bigger dispensaries.

John Richardson's current advertisement claims "the most widely used system in pharmacy today!" For how much longer?

Robert A. Birchill
Stone, Staffs

Excess profit?

Business in Focus by John Kerry in *C&D* January 5 makes interesting reading. But could he please give more detail about the extraordinary gross profit?

Assuming a 20 per cent gross (£25,000) on the NHS of £125,000 we are left with a gross profit of £50,000 on the counter turnover of £80,000. The total gross is stated as £75,000. How does the business manage to make a 62.5 per cent gross on the counter trade?

The net profit percentage on turnover is also unusually high, better than Boots, and about double that of many others. If we allow £20,000 as a "managerial" salary for the owner we are left with £22,800 profit on £205,000 total sales. This is approximately 11 per cent.

Eric A. Jensen
Brighton

Editor Further information reveals the £132,000 purchases figure was reduced by £21,000, because of an insurance claim. Actual purchases for the year are therefore £153,000, reducing gross profit to £54,000 (26.3 per cent).

Assuming a gross profit of 20 per cent on NHS, gross profit on counter sales is £29,000, a much more realistic 36 per cent.

Mike Brining fund

Mike Brining will be retiring on March 31 having been associated with the Pharmaceutical Services Negotiating Committee as a financial consultant and, subsequently, the financial executive for nearly 30 years.

His contribution to community pharmacy was recognised by the award of Honorary Membership of the RPSGB last year. The PSNC has unanimously decided to establish a Retirement Fund on his behalf as recognition of his achievements for and on behalf of contractors.

I would ask contractors throughout England and Wales to forward donations c/o D. Sharpe, 133 Cavendish Road, London, SW12 0BN made payable to "Mike Brining Retirement Fund". I look forward to a generous response.

David Sharpe
Chairman, PSNC

Broken bulk

The Pharmaceutical Services Negotiating Committee can fully understand Xrayser's anger and frustration about broken bulk arrangements. This is only matched by that of the PSNC which has been making representations on the matter for some time.

I am therefore pleased to report that on January 29 I received confirmation from the Department of Health that it has agreed that Clause 11C of the Drug Tariff will be deleted with effect from April 1, 1992. This means, of course, that pharmacy contractors may claim broken bulk where calendar packs are dispensed under the appropriate provision of the Drug Tariff.

S. R. Axon
Secretary PSNC

UKCPA establish new group

The United Kingdom Clinical Pharmacy Association wishes to announce the formation of the Care of the Elderly Practice Interest Group. This Group is intended to be of interest to community and hospital pharmacists involved in providing a service to elderly patients. It is hoped that the group will provide a focus for the development of shared pharmaceutical care.

The new group brings the total number of practice interest groups to six, the others being, Quality Assurance, Education and Training, Cancer Care, Critical Care, and Health Promotion.

Further information regarding any of these groups can be obtained from, Pat Kennedy on 0533 552020.

L. A. Goldberg
Public Relations Officer, UKCPA

Patient leaflets

Your report on the Brussels conference (*C&D*, February 1) quotes Dr Suzanne Tiemann calling for patient involvement in the choice of medicines. She said that patients should have more information and more influence on which medicines were used.

Patient information leaflets from the manufacturer are of some value in this respect, but independent sources must also be available. Pharmacists should be that source as they are the appropriate professionals. Comprehensive computer generated leaflets can be a very valuable aid in this process.

Mike Hadley
Hadley Hutt Computing

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RPR Family Health moves in at Eastbourne

Rhône-Poulenc Rorer have created a new division to develop their business within the UK pharmacy sector — RPR Family Health. The move coincides with the company's termination of Fison's distribution contract for May & Baker brands.

The new division is to be responsible for all of RPR's OTC business; these are Algicon, Anthisan, Avomine, Brolene, Brulidine, Ceplac, Cremalgin, Dioralyte, Maalox and Phensedyl.

It will be headed by marketing and sales director Robert Whitmore, supported by national sales manager Christopher Johnson. According to Mr Whitmore, following the merger of Rhône-Poulenc and Rorer 18 months ago, RPR is now the largest OTC company in Europe.

"We have been pleased with the support Fisons has given the M&B brands, but feel the time is right to build our presence here in the UK. The amalgamation of the May & Baker OTC range and former Rorer products provides a substantial business and one which we intend to develop further. The new division represents a significant long term investment," he says.

The new division has taken on a temporary sales force during February to maintain contact with

customers while its own representatives are recruited and trained. It will also have special responsibility for a new product to be launched in a fortnight's time.

The new division plans to sell primarily through the wholesaler networks. Administration and sales is being consolidated at the company's Eastbourne office (RPR House, St Leonard's Road, Eastbourne, East Sussex BN21

BYG. Tel: 0323 21422). Brands presently handled from Dagenham (M&B brands plus Cremalgin and Maalox) are due to transfer by the end of the first quarter.

The product portfolio will be gradually repacked in RPR livery, but there is "no great haste", says Mr Whitmore. The May & Baker name will be retained for one of the company's prescription product sales forces.

Mothercare buy HBC

Mothercare have bought the Heinz Baby Club mail order business for £2.7 million from private company, Bounty Holdings.

The Heinz Baby Club targets Britain's 800,000 pregnant women each year by supplying antenatal clinics with vouchers and visiting mothers in maternity wards with sample packs of baby food, nappies and HBC mail order catalogues.

Mothercare intends to add its own range of products to the existing catalogue, to strengthen the mail-order business.

Unichem expand franchise...

Pharmaceutical wholesaler Unichem have bought a further nine pharmacies in the Thames Valley and Plymouth areas for £2.2 million.

It is proposed to convert five of the stores into franchise outlets, with the remainder being absorbed into the Moss chain which Unichem acquired last December. The pharmacies involved are the eight shops of F. Boyes Ltd, and Allen Chemist in Plympton, Devon.

The pharmacies have a total annual turnover of £3.68m. The consideration of £2.22m, of which goodwill represents £1.96m, is being satisfied by the issue of 406,348 Unichem ordinary shares of 10p (valued for the purposes of acquisition at 184.57p) with the

balance in cash.

Unichem deputy chief executive Jeff Harris says future purchases are likely to be "split" between the franchise operation and Moss. "Most privately owned groups have a mix of branches. The larger branches are likely to go to Moss as they are too much for franchisees to cut their teeth on," he said.

The development of the franchise operation has now become a priority for Unichem, said Mr Harris. The hiatus — there are still only two units which have been taken over by franchisees — has been due to the Moss acquisition.

He also noted a softening in goodwill prices, but "we are not able to buy dramatically cheaper than last year".

... as Lloyds buy 11 more outlets

Lloyds Chemists are to buy a further 11 pharmacies, nine from Lidstore Ltd in London and the Home Counties, and two from A.G. Shepherd (Nailsworth) Ltd in Gloucestershire.

Lloyds are paying £2.925 million and £500,000 cash respectively for the purchases plus, in each case, stock at valuation. The money is being raised through the placing of 1,090,764 new ordinary shares for cash at 314p per share to raise approximately £3.425m.

Lidstore achieved a turnover of £3.907m during the year ended

September 30, 1991. The company, previously known as Sharp Chemist Ltd (directors Peter Sharp and Peter Mirzoeff), operated a number of pharmacy concessions in Tesco supermarkets as well as traditional pharmacies. Tesco purchased 12 of the concessions for an undisclosed sum last October. The remaining pharmacies were registered with the Royal Pharmaceutical Society under the name Lidstore.

Shepherd, which has been acquired unconditionally, achieved turnover of £895,000 for the year to December 31, 1991.

Seton buy Earex and Dermidex brands

Seton Healthcare have acquired Sanofi UK's subsidiary Pharmed. The acquisition brings with it the Earex and Dermidex dermatological cream.

The consideration for the shares is a nominal £2, but Seton have agreed to pay about £3.19 million owed by Pharmed to Sanofi for the acquisition of the brands and related stock, debtors and creditors.

Some £3.15m relates to the brands and is payable on March 2. The balance relates to the net asset value of Pharmed and will be paid when this has been determined. Payments will be financed from Seton's existing bank facilities.

Seton say the acquired brands will fit in with their declared strategy of "building a pharmacy brand portfolio in keeping with the trend towards treating patients in the community".

In the year to December 31, 1991, unaudited sales of the products totalled £1.116m (1990 £0.973m) and unaudited gross profit was £0.765m (£0.664m).

JRC Ltd

Neil Austin and Anthony Peel have never been directors of JRC as we stated incorrectly in the EPoS feature last week (p181).

Mr Austin's previous employment with JRC was as national accounts manager, where he was employed principally as a sales person. During his time with JRC, he played no part in JRCPOS development.

Napp buy six Sanofi lines

Napp Laboratories have acquired six brands from International Laboratories, a Sanofi UK division.

Effective from February 1, J. Collis Browne, Derbac, Suleo, Wasp-eze, Burneze and Crampex are being marketed and distributed by Napp Consumer Products Division. Independent direct account customers are being serviced by the division's salesforce.

The addition of these Pharmacy products to the Napp range demonstrates the company's continued commitment to the development of the sales of OTC medicines through pharmacies, say Napp. They plan to maintain advertising support for the brands and to provide in-store and other support materials.

Sales inquiries should be made to sales and marketing manager Arlene Griffiths or national accounts manager John Argo.

SB merge Healthcare and Personalcare

Smithkline Beecham are merging their Healthcare and Personalcare operations on February 17, to form a single consumer brand operation, Smithkline Beecham Health & Personal Care UK. Peter Jensen, who was managing director of the individual companies, continues as managing director of the combined operation, which, he says, will have significant benefit for both the business and its customers.

The merger comes after some 15 years of trading separately with the aim of concentrating the company's efforts on promoting core brands and key development areas. Mr Jensen says duplication in reporting and accounting procedures will be removed enabling the company's considerable resources to be concentrated externally rather than internally.

There will be a single sales force operating under field and wholesale sales director, Dave Weston. No longer will two sales teams operate in the same High Street very often calling on the same buyer, says Mr Jensen.

Pharmacy representatives will have smaller areas and fewer calls, but overall the company will still call on 7,000 pharmacies. Mr Jensen says that the terms for pharmacists dealing direct will remain unchanged but that the transfer order system through wholesalers, initiated two years ago when 2,000

extra calls were added, will be significantly improved.

Sales presentations will be simplified and "more focussed" on those products relevant to the core business, says Mr Jensen.

The marketing director of the new operation will be Roger Scarlett-Smith, who held that position in the former Personalcare arm. The former marketing director of the Healthcare wing, Wendy Davidson, has just been appointed as general manager, consumer brands, of the Beecham operation in Ireland. Peter Hinkley is the national account sales director.

Mr Jensen says the individual Healthcare and Personalcare

companies, which were respectively the leading OTC operation and number two or three in their markets, will enable Beecham "to capitalise on exciting challenges for the future", while reinforcing their position as the "leading UK company in their field".

Mr Jensen said there had been some redundancies and some redeployment resulting from the new efficiency drive. However, the redundancies were small in the context of a company of Beecham's size: he would not be more specific. Staff were said to be extremely positive about the move which would "add power and value" to the retail operation.

Unichem and AAH terms reflect Glaxo scheme

Both Unichem and AAH have announced their new trading terms and discounts following the recent introduction of the Glaxo discount scheme.

Discount on medical purchases from Unichem (excluding Glaxo products) will now be 9.5 per cent for purchases between £2,200 and £10,500; above this amount the level of discount will be 11.5 per cent. The discount rates quoted include 1.5 per cent terminal discount for orders placed via approved ordering systems. Discount will also be given on all surgical lines included in the Drug Tariff.

The new discount scales assume a monthly purchase of Glaxo products of not less than 7.5 per cent of total medical purchases. Where purchases of Glaxo lines falls below this figure the medical discount will be reduced by 2 per cent says Unichem.

AAH says that if Glaxo product purchases fall below 10 per cent of

all ethical purchases in any one month, then the overall discount allowed on ethicals will be reduced by 10 per cent for that month. However, the company points out that if Glaxo product purchases exceed £1,000 in any month then the discount adjustment will not be applied.

■ Pharmaceutical General Council chairman Graeme Millar says Glaxo are moving away from their pharmacist customers by breaking down the established discount structure. Pharmacy negotiators will have to seek continually to amend the discount structure.

There is nothing to prevent regional variations in discounts, nor any guarantee that all Glaxo lines will remain within the scheme, says Mr Millar. "We will be forced into conflict with the Scottish Health Department, and face all the difficulties in assessing the effect on the system without a full blown discount inquiry," says Mr Millar.

Park offers money off

Park Systems are offering £400 off the price of their new PMR labelling system if customers opt to do their own system installation and training.

The system is available at full price for those who want installation and training, although for those who opt for supply only, this facility will still be available at a later date on payment of the difference between full and discounted price.

Park also offer new buyers the facility to transfer patient files from other PMR systems to the Park format.

Maintenance charges, which include the monthly update service, remain at £330 per annum.

Plug in!

Legislation has been proposed which will require domestic electrical appliances to be fitted with a correctly fused plug before sale.

The move follows a review by the Department of Trade and Industry of safety regulations relating to plugs and sockets.

Black profits down

Pre-tax profits for Peter Black for the six months ending November 30 1991 fell to £4.5 million, compared to the same period in 1990, although the net margin improved from 6.9 to 7.5 per cent. The company, which supplies toiletries, cosmetics, vitamins and dietary supplements (Red Kooga Ginseng, Natracalm, Calcia), as well as footwear and accessories, has closed its toiletries plant at Swanage and switched production to the main toiletries site at Trowbridge.

Profits soar

The Rhône-Poulenc Rorer group has more than doubled profits. The group made \$326.1 million net in 1991 compared to a combined profit of \$145m in the previous year. The profits reflected a 5.8 per cent rise in sales to \$3.82 billion. The successful launches of Vasten, a cholesterol lowering product; Zoltum for ulcers; and Nasacort, for allergic rhinitis increased the group's turnover.

Lopid promotion

The American subsidiary of the Boots Company, Boots Pharmaceuticals Inc, has begun the first phase in the co-promotion of the cholesterol regulating drug Lopid, made by Parke-Davis. Boots are awaiting FDA approval for their new drug Manoplax, for use in congestive heart failure, which Parke-Davis will co-promote once approval is granted.

Upjohn on a high

Despite controversy over the safety of Halcion, Upjohn reported record sales and earnings for 1991. UK sales of the drug have fallen by 23 per cent in the last quarter. Although net income in the fourth-quarter rose 13 per cent to \$136.4m, there remains concern about the long-term effects of declining Halcion sales coupled with the lack of new drugs in the Upjohn pipeline. Many of the most important Upjohn drugs will lose their patents by the end of 1994.

Coming Events

Strathclyde practice workshops

The University of Strathclyde are holding two practice research study days on February 23 and March 15 from 10am to 4.45pm. They are organised by the Post Qualification Education Board.

The first day is suitable for pharmacists with no experience of practice research; the second day consists of workshops only, including an introductory workshop for those unable to attend on the 23rd. The closing date for applications is February 12, details on 041-552 4400 ext 4273/4.

Monday, February 10

Joint Hertfordshire and Barnet Branches RPSGB/NPA. Postgraduate Medical Centre, Edgware General Hospital, 7.30 for 8pm. "Aspects of health and safety" by Mary Allen, NPA. Southampton Branch, RPSGB. Duphar Labs, 7.30 for 8pm. "Pharmacy in Europe, by Adrian Stafford.

Tuesday, February 11

Oxfordshire Branch, RPSGB. Post Graduate Centre, John Radcliffe Hospital, 7.30 for 8pm. "McTimony Chiropractic in principle and practice" by Tony Gilmore.

Wednesday, February 12

British Society for the History of Pharmacy, RPSGB headquarters 5.30 for 6.30pm "Marion Merrell Dow — historical perspectives of a merging company". Admission by free ticket.

Thursday, February 13

Joint meeting Edinburgh/Fife Branches, RPSGB, 8pm. City Hotel Dumfries "Competence training" by Ann Lewis, RPSGB Council. Wirral Branch, RPSGB. Wirral Post Graduate Centre, 7.30 for 8.15pm. "Sunscreens: Measurement and medical evaluation," by Mr J.F. Smith. Glasgow Branch, RPSGB, Walton Suite, Southern General Hospital, Glasgow 7.30 for 8pm. "The Todd Lecture — Patient's rights to public health" by Mr J.P. Bannerman.

Advance information

Pharmacy exhibition — Science Technology and Medicine 1992. Exhibition of books, journals and other information, University of Manchester, February 7-15. (Drug and health-related databases on February 11). Details on 061-273 2913.

Classified

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Chemist & Druggist 'Comment' - 27th July 1991

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BUSINESS IN THE GOODS FOR WHICH
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TRADE MARK NO	MARK	GOODS SPECIFICATION
339343B	SNOWFIRE	All goods included in Class 3. ★ ★ Registered as proprietors in so far as concerns the right to the exclusive use of the trade mark in relation to goods for export to countries outside the United Kingdom, but not including Eire.

The Trade Marks set out below were assigned on 9th July 1991 by Reckitt & Colman Products Limited also trading as 'Reckitt & Colman', Supersoft Cosmetics', 'Corvette' and 'Wonderset' to Roberts Laboratories Limited, Kersal Vale, Manchester, M7 09L

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ASDA, ISLE OF DOGS - Vacancy for a locum pharmacist to work regular Saturdays 8.30am to 8pm. Tel: Mr Bhamra, 071-987 1362.

BASILDON, ESSEX - Pharmacist required for regular evenings 5.30 - 8.30pm or 9.30pm. Telephone Ms Y. Soetam on 0268 281708.

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EPSON LX80 dot matrix printer. Excellent condition. £80. Tel: 0978 840132.

LUXLINE SHOPFITTINGS, Takio blood pressure machine, external chemist illuminated sign, medical counter, Baron till, till stand, excellent condition. Offers. Tel: 0227 457830.

GENOTROPIN - 12iu multi-dose injections, eight vials, June 1992 expiry date. Half price. Tel: 0787 247284.

EXCESS STOCK - Trade less 40%. 200 Estracyt 140mg, 600 Aldactone 25mg, 84 Lopresor Sr, 72 Clinium 120mg. All at one year's date. Tel: 0482 54260.

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SANDOSTATIN AMPOULES 500mcg/ml (5 x 1ml). Expiry April 1994. Trade less 30%. Tel: 081-888 3040.

LONG EXPIRY DATES - 56 Naprosyn EC 500mg; 100 Colpermin; 60 Piroxicam 10mg; 180 Menzol 20 day. Above less 40% + VAT. Tel: (0232) 401837.

HOLLISTER BAGS - 3 x 30 7166, 1 x 30 3319, Silastic Foley catheters 6 x 18ch 10ml, 10 x 18ch 30ml. Surgicare flanges 1 x 10 S240. All trade less 50% + VAT + postage. Tel: 0709 522605.

ESCAPE FROM THE WIFE on a Honda 100cc motorcycle, H registered and in excellent condition (Summer use only). Ideal learner

bike. Phone Mr Halliwell, 0254 55983.

WANTED

PERGONAL OR METRODIN wanted. Please telephone 071-790 9150. Instant payment.

PROPYLTHIOURACIL TABS 50mg x 200 needed urgently for patient allergic to other treatment. Cost + packing charges paid. 0253 821695.

UNWANTED BROKEN BULK REQUIRED - Many unusual items wanted by small pharmacy group. Prepared to pay 50% of current Chemist & Druggist price. Please phone 081-882 1646 for further details.

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SKI LA COTE - Beautiful 17th century farmhouse. Overlooking La Chappelle d'Abondance in Port de Soleil. Professional guidance/instruction. Luxury standards. Cordon Bleu cooking. Transport to/from airport. Tel: 0482 668357.

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FLORIDA, GULF COAST - Superb luxury villa to let. Three bedrooms, three bathrooms, two lounges. Overlooking lake and bird sanctuary. Heated swimming pool. Fly drive arranged. Tel: 0493 650915.

MISCELLANEOUS

HAVE YOU HAD any problems obtaining credits from your wholesaler? Lost out on your 1½% discount because your account was closed? Interested in action? Tel: 0582 401500.

PERSONAL

VALENTINE - Love to Reg. No. 73921 from Reg. No. 76032. Yours always.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacy subscribers of Chemist & Druggist. No series, box numbers or trade advertisements will be permitted. Acceptance is at the discretion of the publishers and depends upon space being available. Send your proposed wording to "Business Link", Chemist & Druggist, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW. Include your name, the full name and address of your pharmacy, or your personal registration number, and a day-time telephone number. Alternatively, leave the details on our special answering service.

PHONE 24 HOURS ON 0732 359725

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(Publication will depend upon space availability)

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Surname First name

Telephone number Personal RPSGB Registration Number

Proposed advertisement copy (maximum 30 words) Pharmacy stamp

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To be included under section heading

Signed Date

About people

Pharmacists reminded about poisoning campaign

This weekend (February 9), the BBC is screening the "Play it Safe" programme concerned with poisoning and choking accidents.

In the run up to this, advice on how to prevent accidents is being sent to key pharmacists throughout the Society's Branch network. The aim is to raise awareness of both precautionary measures and the role pharmacists can play.

Over half the cases of poisoning in children are caused by swallowing medicines. The following steps may

help prevent accidents:

- Lock all medicines safely away from small hands. Remember child resistant containers are not necessarily child-proof.

- Teach children respect for medicines. Parents must teach small children never to swallow anything unfamiliar without checking with a grown-up.

- Don't hoard medicines. Medicines should not be flushed down the toilet, but returned to the pharmacy for safe disposal.



Sweets or medicines? This photograph which the Royal Pharmaceutical Society uses to emphasise its message on safety in the home illustrates the nature of the problem



Ron Andrews retires

Ron Andrews, advertising and public relations manager of Mentholatum Ltd, retired from the company on January 17.

Ron had been with the company for 22 years, serving under three managing directors, first at Mentholatum's original premises in Slough and then at Twyford in Berkshire.

During his time with the company, Ron broadened his role from advertising to marketing and became responsible for all exports sales to Scandinavia, Germany and, recently, the Eastern Bloc countries.

During his retirement he intends to spend more time on his favourite hobby — playing the electronic organ.

PSNI elects two new Fellows

Two Belfast pharmacists — Peter Mulgrew and Ivan McKee — have been awarded fellowships of the Pharmaceutical Society of Northern Ireland.

Peter Mulgrew is director of pharmaceutical services at Belfast City Hospital. He has wide experience in all aspects of the hospital service in Northern Ireland. He has been involved in the rationalisation and development of the distribution system within Belfast City Hospital including the introduction of trained pharmacy

technicians.

Ivan McKee is a general practice pharmacist in Belfast who has given a lot of his time to the various organisations within pharmacy. He is currently treasurer of both the Ulster Chemists Association and the Pharmaceutical Contractors Committee. He was UCA chairman in 1977 and PCC chairman in 1980-81.

Both men will be presented with their certificates at the president's dinner at the Culloden Hotel, Holywood, on March 25.

Heart-shaped business!

Could a Valentine's message be classified as business? And could C&D's **Business Link** (p229) pave the way to true love? One reader certainly thinks so — registration No 76032 would like to send love to No 73921: "Yours always".

APPOINTMENTS

Nelsons have appointed ex-Unilever brand manager **Tom Russell**, as its new marketing manager. Tom Russell's appointment follows the promotion of Robert Wilson from marketing director to managing director of the company.

Mike Campbell joined The Jenks Group chemist sales team in January. He will cover the Merseyside/Cheshire area.

Robinson Healthcare have appointed **Julie Dawson** as product manager (medical).

Helen Griffiths has been appointed senior product manager with The Jenks Group for Hermesetas and Celsius.

Deaths

Hans Rossiter, on January 24. Mr Rossiter was chairman of the fine soaps and toiletries manufacturer, H. Bronnley & Co Ltd. Renowned as a perfumer, he first joined the company in 1928.

Together with his wife Gladys, the elder daughter of James Bronnley founder of Bronnley, and later their younger daughter Ann, the present managing director, Hans Rossiter helped bring the company to its present position.

He will be deeply missed by the Bronnley staff and his many friends in the trade.



Mike Jones (left) of George Pharmacy, Portlisle is bound for the Big Apple after winning first prize in Searl's "An apple a day keeps the chemist OK" competition. The entrants had to complete a limerick and Mike's winner was: "There was once a chemist who said, That an apple will keep you ahead, All it takes is a bite, For you to take flight, To where chemists are drugstores instead." Mike received his prize of a long weekend for two in New York, complete with a Broadway show and helicopter flight, from Searle representative Rupert Whitehead



***With the cutting and slicing
of advertising,
the right to inform
may fall to pieces.***

Advertising is a vital source of revenue for newspapers and magazines and helps keep their price low. Advertising also plays a vital part in the national economy because it helps manufacturers to talk freely to consumers. So important is this freedom that it is protected by the European Convention on Human Rights. However, there are proposals and ideas for new European laws which might restrict advertising and threaten this freedom. Less freedom and less information means fewer newspapers and magazines and less consumer choice. This advertisement expresses our concern.



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GAVISCON

For customers who demand
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Pharmacy Prescribing Information

Active Ingredients: *Liquid:* Sodium Alginate BPC 500mg, Sodium Bicarbonate Ph.Eur. 267mg, Calcium Carbonate Ph.Eur. 160mg per 10ml dose. *Gaviscon 250 Tablet:* Alginic Acid BPC 250mg, Sodium Bicarbonate Ph.Eur. 85mg, Aluminium Hydroxide Gel BPC 50mg, Magnesium Trisilicate Ph.Eur. 12.5mg per tablet. **Indications:** *Gaviscon Liquid:* Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. *Gaviscon 250:* Heartburn and acid indigestion. **Contra-indications:** None known. **Dosage Instructions:** *Adults and children over 12:*



10-20ml, *children 6-12:* 5-10ml liquid after meals and at bedtime. *Gaviscon 250 Tablets:* *Adults and children over 12:* 2 tablets to be chewed thoroughly as required. *Children under 12:* not recommended. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Product Licence Nos:** 44/0058 (Gaviscon Liquid), 44/0103 (Gaviscon 250). Further information is available on request from: Reckitt & Co. Products, Donsom Lane, Hull HU8 7DS. ©Gaviscon is a registered trade mark.

